

United Daughters of the Confederacy®

Records of Interments of Confederate Veterans - Data Entry Form

- When completing this form, use mm/dd/yyyy format for all dates. If estimated date, make note in the Additional Information section. ITEMS WITH * MUST BE COMPLETED. Use a separate form for each soldier or sailor gravesite being recorded. To avoid duplications, check the on-line database to make sure the Veteran has not previously been submitted. Retain a copy of each submitted form for the Chapter files.
➤ If the required information is not provided on this data entry form, the form will be returned or the person who submitted the form will be contacted by email for the additional information.
➤ Forms MUST be submitted as they are completed to the Division Chairman who will forward them to the General Committee Chairman. DO NOT hold forms until the end of the year!
➤ For corrections or additional information DO NOT use this form, use the Interments Correction Form.

INFORMATION ON CONFEDERATE VETERANS

Name of Veteran as it appears on gravestone
*Last Name _____ *First & Middle Name _____
Name of Veteran as it appears in Confederate military records, if known
*Last Name _____ *First & Middle Name _____
*Rank _____ *Company _____ *Regiment _____ *State _____
*Source of Military Service Record _____
Date of Birth _____ Place of Birth _____
Date of Death _____
Additional information
[]

INFORMATION ON CEMETERY AND GRAVESTONE - ALL INFORMATION MUST BE INCLUDED

Name of Cemetery _____
GPS Coordinates (if known) _____
Street Address of Cemetery _____
If street address is not known, include a physical location
[]
City _____ County _____ State _____ Zip +4 _____
Is there a gravestone? [] Yes [] No
If NO Gravestone, describe location in cemetery
[]

If gravestone, is Confederate Service noted on marker? [] Yes [] No
Is there a Government Marker? [] Yes [] No
Is there a Memorial Marker (no remains buried)? [] Yes [] No
Is there an Iron Cross or Brass Cross? [] Yes [] No
If a Cross, who placed it? _____

INFORMATION ON PERSON SUBMITTING FORM - ALL INFORMATION BE INCLUDED

Name of submitter _____ Telephone _____
Mailing address _____
Email address _____
UDC Chapter name & number _____
City & Division _____
Date submitted _____

INFORMATION ON FORM ENTERED INTO ONLINE DATA BASE

Date _____ Initials of person making data entry _____