

Kansas Division

Army of the Trans-Mississippi Sons of Confederate Veterans



PROJECT LOCATE REGISTRATION FORM

This grave registration form is to be used for Kansas Confederates and all Confederates within the state of Kansas. Please fill out the form as completely as possible. The information will be looked over by the Kansas Division Project Locate Chairman as soon as possible. This in no way obligates the Kansas Division, Sons of Confederate Veterans to anything. The Confederate soldier grave information will be reviewed. We will contact the registrar identified on this form once the information has been reviewed.

<i>Contact Information</i>	
Name of Registrar (your full name):	
Address of Registrar (mailing or physical; street name and number, zip code)	
Daytime Phone #:	Evening Phone #:
Email:	

<i>Confederate Soldier Information</i>	
Name of Confederate Soldier (his full name, including aliases):	
Cemetery (name and exact location, include grave location if possible)	
Unit (company, regiment, state, infantry, cavalry, etc.)	
Marked Grave? YES <input type="checkbox"/> NO <input type="checkbox"/>	Confederate Marker? NO <input type="checkbox"/> YES <input type="checkbox"/>

<i>Optional Information (if known)</i>
Born (place and date):
Death (place and date)
Enlistment Dates:
Reference (sources of military records):
Spouse (maiden name in full):
Names of Children:
Names and Addresses of Known Living Descendants:

Click  and send to scv1854@cox.net. *Save it, fill it out, save it, click SUBMIT!*

All questions and comments regarding the Kansas Division Project Locate, including the Project Locate website content, should be sent to Jack Sanders at scv1854@cox.net.
Please do NOT send genealogical research questions!