

Headstone App: Yes No 1890 Census: Yes No 1888 Census Yes No GAR Post \_\_\_\_\_ Current Data Base: Yes No

Pension: Yes No 1894 Census: Yes No Roll of Honor US MI Des. Rolls Yes No Regimental Roster: Yes No

Re-checked: \_\_\_\_\_ By: \_\_\_\_\_ Source Codes: A B C D E F G H J K L M Sent to DGRO: \_\_\_\_\_ Version 05012011

..... above for research use only indicates source material researched .....

## Department of Michigan Sons of Union Veterans of the Civil War GRAVES REGISTRATION FORM

Name: \_\_\_\_\_  
Last First Middle

AKA \_\_\_\_\_ AKA \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Age at Death: \_\_\_\_\_  
Day Month Year Day Month Year Days Months Years

Place of Birth \_\_\_\_\_ Place of Death \_\_\_\_\_

Veteran status from the Appearance of the grave: Definite ( ) Probable ( ) Possible ( )  
Military Marker Born 1800 – 1850 Flag Holder or Markings on stone Male Born 1800 - 1850

Military Service: \_\_\_\_\_  
Regiment Number State or U. S. Branch Company / Ship Name Rank at Discharge

Service Dates: Enlisted \_\_\_\_\_ Discharged: \_\_\_\_\_  
Day Month Year Age at Enlistment Day Month Year

Residence at enlistment: \_\_\_\_\_

Misc. Info. Also indicate if service was in any war other than the Civil War: \_\_\_\_\_

Wife: (No. 1) \_\_\_\_\_  
Name YOB YOD

Wife: (No. 2) \_\_\_\_\_  
Name YOB YOD

### Description of the Grave:

### Other Information about the grave:

Military Headstone / Plaque: ( ) Flag Holder:  
Needs Resetting: ( ) GAR Post Flag holder \_\_\_\_\_  
Needs Replacing: ( ) GAR Post Number from flagholder \_\_\_\_\_  
Private (Family) marker/monument: ( ) U.S. Veteran Flag holder \_\_\_\_\_  
Grave Unmarked: ( ) Other Flag holder \_\_\_\_\_

Grave Info: Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Number: \_\_\_\_\_ Cemetery Records Checked: Yes ( ) No ( )

Cemetery Location (If in Michigan, use the Michigan County & Cemetery Code on each form)

Cemetery Code: \_\_\_\_\_ - \_\_\_\_\_ Cemetery Name: \_\_\_\_\_

Street / Road / County Section: \_\_\_\_\_ GPS \_\_\_\_\_

Cemetery: \_\_\_\_\_  
City Township County State

Your Name: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_