

ARKANSAS DIVISION GUARDIAN APPLICATION

SONS OF CONFEDERATE VETERANS



Name of Applicant: _____ SCV ID No: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Mobile: _____

SCV Camp: _____ Location: _____

eMail: _____

Confederate Veteran's Name: _____ Rank: _____

Unit: _____ Born: _____ Died: _____

Location of grave (Include name of cemetery, city, county & state) Cemetery: _____

Please answer the following:

Visits per year: _____ Date candidate began tending grave: _____

Flag placed on grave for Confederate Memorial Day: YES _____ NO _____

Marker on grave indicating CSA service: YES _____ NO _____

Services Performed: _____

I affirm that all the information here is true and accurate. I agree to faithfully care for and protect this Confederate Veterans grave in accordance with the Guardian rules for the Arkansas Division for as long as I am able. In the event I am no longer able to carry out my duties, I shall notify the Guardian Review Committee immediately

Signature: _____ Date: _____

Camp Commander: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR COMMITTEE USE ONLY

Guardian Review Committee Action:

I. Application	Approved	Disapproved	For Full Guardian
II. Application	Approved	Disapproved	For Guardian Pro Tem
III. Wilderness Grave	Approved	Disapproved	
IV. Pro Tem Period	Months: From: _____	To: _____	

Committee Member Signature: _____ Date: _____

**Print and Mail to the Guardian Program Committee Chair
Damon Hudson
10542 Blue Jay Rd, Pea Ridge, AR 72751
Email: thatarkie@gmail.com
Cell: 870-834-5332**

Committee Members are your Arkansas Division Brigade Commanders

Brigade:

Name:

Email:

NW Brigade
Commander

Philip
Thompson

ThompsonPhilipA@yahoo.com

NE Brigade Commander

Tom Bird

wtbird77728@yahoo.com

Central Brigade

John Bryan

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Southern Brigade

Skip Barnard

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