

United Daughters of the Confederacy®

GRAVE MARKERS COMMITTEE ANNUAL REPORT

September 1, 20 _____ – August 31, 20 _____

Chapter name and number _____

Division or Chapter Where No Division name _____

If more space is needed, use reverse of this sheet.

1. Number of U.S. government markers placed on Confederate graves _____
List names of soldiers/sailors, birth/death dates, military unit _____

2. Number of Iron Crosses _____ Brass Crosses _____ placed on Confederate graves
List names of soldiers/sailors, birth/death dates, military unit _____ Total crosses placed _____

3. Number of UDC member markers purchased _____

4. Number of Real Daughter markers purchased _____
List names of Real Daughters for whom purchased _____

5. Number of non-UDC member daughter of Confederate veteran markers purchased _____

6. Number of other grave markers purchased _____
List type of marker and for whom purchased _____

7. Number of grave marker dedication ceremonies held (must include UDC Ritual) _____
List subject(s), location(s), date(s) _____

For Chapter use. Enter Chairman's name, address, telephone, and e-mail in space below. Complete this form; send to the appropriate Division-level person by the Division deadline of _____

For Division/CWND use. Enter Chairman's name, address, telephone, and e-mail in space below. Compile Chapter reports; complete this form; send to General Committee Chairman by September 15.

Number of Chapters in Division _____ Number of Chapters reporting _____

Chairman contact information. _____
