

United Daughters of the Confederacy®  
**JEFFERSON DAVIS HIGHWAY MARKER REPORT**

Complete this form if any of the following apply: 1) Jefferson Davis Highway Committee Annual Report form never previously submitted; 2) this form (Jefferson Davis Highway Marker Report form) never previously submitted; 3) new marker installed; or 4) change or activity (i.e., beautification, cleaning, damage, move/removal, rededication, resetting) to marker. Submit this form with the Jefferson Davis Committee Annual Report form. Include articles, photographs (both near and distant views, if available), and programs. Use one report form per marker.

**Name, address, Chapter name/number/location of person submitting this report** \_\_\_\_\_

**1. Location (in detail) of marker** \_\_\_\_\_

**2. Description of marker**

Boulder \_\_\_ Obelisk \_\_\_ Tablet \_\_\_ Other (specify) \_\_\_\_\_  
Color \_\_\_\_\_ Bronze \_\_\_ Granite \_\_\_ Marble \_\_\_ Other (specify) \_\_\_\_\_  
Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Base (type, description, and dimensions if marker on a base) \_\_\_\_\_

Inscriptions (indicate if on a plaque) \_\_\_\_\_

Attachments (describe in detail) \_\_\_\_\_

**3. Condition of marker**

Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Other (specify) \_\_\_\_\_  
Chipped \_\_\_ Damaged \_\_\_ Defaced \_\_\_ Leaning \_\_\_ Soiled \_\_\_ Worn \_\_\_  
Date/details of last cleaning, if known \_\_\_\_\_

**4. Recent activity/change** (i.e., beautification, cleaning, damage, move/removal, rededication, resetting)

**5. Work needed** (cleaning, relocation, repair, etc.) \_\_\_\_\_

**6. Marker history** (original installation date, by whom placed, dedication/rededication programs, reason for site selection, etc.) \_\_\_\_\_

**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.

**Chairman contact information.** \_\_\_\_\_

**Date this report form completed.** \_\_\_\_\_