

Patriot/Compatriot Grave Marking Request Form

Patriot Information

Name:		Patriot Number*:
Date of Birth:	Place of Birth (City/County):	State/Nation
Date of Death:	Place of Birth (City/County):	State/Nation

Service Information / Source of Service Reference (Skip this Section if Patriot has a Patriot Number*)

Qualifying Service:	State of Service	Pension Number:	DAR Ancestor Number
Service Details:			
Source of Service Reference:			

Grave Marking Information

Requested Date of Marking:		Alternate Date of Marking:	
Cemetery Name:		Cemetery Address:	
Cemetery City:	County:	State:	Zip Code:
NOTE: these GPS coordinates are for the Patriot's grave, not those for the Cemetery, as found on Find-a-Grave Cemeteries			
GPS Latitude:		GPS Longitude:	
Tombstone/Headstone at the site:	If Yes, Please Indicate Type:		
YES NO	SAR	DAR	VA Unknown Other _____ None
Notes: Examples of Types of Markers: 1. SAR: Bronze Stake or Lugs and small In-ground Granite stones 2. DAR: Bronze Stake or flat tablets and small Granite In-ground flat tablets 3. VA: Veterans Administration Granite or Marble Upright Stones or Granite or Bronze flat tablet 4. Other: DAR or Other Fraternal Organizations Bronze or Stone Memorial Markers <i>Reference to the placement of markers may be found in the NSSAR "GRAVE MARKING MANUAL VERSION 7" Section 7; pages 6-8.</i>			
Find-A-Grave Memorial Number:		Find-A-Grave Cemetery ID Number:	

Directions to Cemetery:

Sponsoring Chapter:	Chapter Contact:
Contact Phone Number:	Contact E-mail Address:

Co-Sponsoring Chapter:	Chapter Contact:
Contact Phone Number:	Contact E-mail Address:

Approvals

1. Is this Event Within the Chapter's Coverage Area and is it Co-Sponsored by the Chapter whose Coverage Area the Event is within?

YES NO 1. If **YES** Submit Approval Request to TNSSAR Color Guard Commander

2. If **NO** approval must be obtained of the Chapter whose Coverage Area the Event is within.
When approval is received Submit Approval Request to Graves & Landmark Chairman.

Approved by: _____ Date: _____
President of Chapter whose Coverage Area the Event is within

2. Is this Event within Your Chapter's District ?

YES NO 1. If **YES** Submit Approval Request to TNSSAR Color Guard Commander

2. If **NO** approval must be obtained of the and the District Director Chapter whose Coverage Area the Event is within . When approval is received Submit Approval Request to Graves & Landmark Chairman.

Approved by: _____ Date: _____
District Director whose Coverage Area the Event is within

Approved By: _____ . Date: _____
Graves & Landmarks Chairman