

# CALIFORNIA DIVISION GRAVE GUARDIAN APPLICATION

**Tod Terry, SCV, Chairman**  
P.O. Box 1894,  
Porterville, CA 92358  
scv.ca.quartermaster@  
outlook.com

**Sons of Confederate Veterans • SCV**  
**United Daughters of the Confederacy • UDC**  
**Children of the Confederacy • CofC**  
**Order of the Confederate Rose • OCR**

**Christina Hurst-Loeffler, UDC**  
6 Calle Vaqueta  
Rancho Santa Margarita, CA  
92688-1250  
churstloeffler@cox.net

**Sandy Padgett, OCR**  
5412 Citrus Grove Place  
Whittier, CA 90601-2311  
missbelle1861@earthlink.net



**Sheryll Loftin, UDC**  
978-D East Main Street  
El Cajon, CA 92021  
queen\_sdl@yahoo.com

Name of Applicant \_\_\_\_\_ SCV/UDC/OCR/CofC No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Camp/Chapter-Name & No.: \_\_\_\_\_ Camp/Chapter Location \_\_\_\_\_  
*city/state*

Confederate Veteran's Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Co. \_\_\_\_\_ Unit: \_\_\_\_\_ Born: \_\_\_\_\_ Died: \_\_\_\_\_

Location of grave (Include name of cemetery, road, city, county & state): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GPS Coordinates (Latitude, Longitude):** \_\_\_\_\_

If the grave has been tended for a year or more, please answer the following:

1. Visits per year: \_\_\_\_\_ Date candidate began tending grave: \_\_\_\_\_

2. Flag placed on grave for Confederate Memorial Day: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Marker on grave indicating CSA service: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Services performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I affirm that all the information here is true and accurate. I agree to faithfully care for and protect this Confederate Veteran's grave in accordance with the Guardian rules 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: \_\_\_\_\_

## **FOR COMMITTEE USE ONLY**

### Guardian Review Committee Action

I. Approved Full Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_ Effective Date \_\_\_\_\_

II. Approved Guardian Pro Tem: Yes \_\_\_\_\_ No \_\_\_\_\_ Pro Tem Period: Dates From \_\_\_\_\_ To \_\_\_\_\_

III. Rural/Wilderness Grave Site: Yes \_\_\_\_\_ No \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_