

United Daughters of the Confederacy®
JEFFERSON DAVIS HIGHWAY COMMITTEE ANNUAL REPORT

September 1, 20 ____ – August 31, 20 ____

Chapter name and number _____

Division or Chapter Where No Division (CWND) name _____

This form refers only to markers for the Jefferson Davis Highway; do not report other historical markers on this form. Complete the Jefferson Davis Highway Marker Report(s) and attach to this form if any of the following apply: 1) this form (Jefferson Davis Highway Committee Annual Report form) never previously submitted; 2) 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. Include articles, photographs (both near and distant views, if available), and programs.

1. Number of Jefferson Davis Highway markers in your state _____

List all markers and describe in detail the location of each. Note city or nearest city, mileage from nearest city, highway name/number/mile marker or name of street or intersection. If more space is needed, use reverse of this sheet.

2. Other locations that are eligible for a marker; if yes, give details on the reverse of this sheet Yes ____ No ____

3. Number of markers that were inspected during the year for damage _____

4. Cleaning/restoration needed on any marker; if yes, give details on the reverse of this sheet Yes ____ No ____

5. Jefferson Davis Highway brochures placed at historical societies, libraries, museums, visitor centers, etc. Yes ____ No ____

6. Other historical markers along the highway that note history of Jefferson Davis Highway; if yes, list with details on the reverse of this sheet Yes ____ No ____

7. Name changes approved/proposed to portions of Jefferson Davis Highway; if yes, list with details on the reverse of this sheet and attach information Yes ____ No ____

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. _____
