

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.)

7. New Marker in Progress (State Location of Marker and Progress)

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. _____