

United Daughters of the Confederacy®

SOUTHERN CROSS OF HONOR

September 1, 20__ through August 31, 20__

Chapter name and number _____

Division or Chapter Where No Division name _____

If no report, send form marked "No Report"

Please use additional sheet(s) if needed

Name of person in possession of Southern Cross of Honor: _____

Address _____ Telephone (____) _____

Street

City

State

Nine-digit Zip Code

Name of Confederate Veteran (if known) _____

Served in the Confederate ___ Army ___ Navy; Company _____ Regiment _____ State _____

Infantry, Cavalry, Artillery, Militia; Ship _____ Rank _____

Bestowed by what chapter of the United Daughters of the Confederacy?® _____

Date _____ Location _____

Any other information available about the veteran's service? _____

Relationship of owner to the Confederate veteran (if any) _____

How did owner obtain possession of Cross ? _____ Family heirloom: ___ Yes ___ No

Purchased from (dealer) _____

Other source _____

Special Projects. Did anyone discuss, give a program, or research the Cross? Attach programs, photos, etc. as appropriate. Use reverse side or attach additional sheets as necessary.

