



South Carolina Division
Sons of Confederate Veterans

* * * FAMILY DOCUMENTATION OUTLINE * * *

(SIMPLIFIED FORM)

FOR MEMBERSHIP IN CAMP: _____

INSTRUCTIONS: FILL IN THE FOLLOWING BLANKS, STARTING WITH YOUR CONFEDERATE ANCESTOR AND ENDING WITH YOURSELF AT WHATEVER GENERATION LINE THIS MAY BE. SIGN FORM AT BOTTOM.

1. NAME: _____

RELATIONSHIP: _____

2. NAME: _____

RELATIONSHIP: _____

3. NAME: _____

RELATIONSHIP: _____

4. NAME: _____

RELATIONSHIP: _____

5. NAME: _____

RELATIONSHIP: _____

6. NAME: _____

RELATIONSHIP: _____

I CERTIFY THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT