

**SONS OF CONFEDERATE VETERANS
MAJ. GEORGE W. LITTLEFIELD CAMP #59**

APPLICANT'S LINEAGE

Name of Applicant _____ Date of Birth ___ / ___ / ___
Address _____ Place of Birth _____

My Confederate Ancestor was _____ who enlisted at
_____ on _____, 186__
(company and regiment) _____

1. I am the son of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

2. My father / mother was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

3. The above was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

4. The above was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

5. The above was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

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BIOGRAPHICAL SUMMARY OF CONFEDERATE ANCESTOR

Date: ___/___/___

SCV Member:

Name _____

Address _____

Telephone _____

email _____

Year joined SCV _____

Confederate Ancestor:

Name _____ Rank _____

Birthplace _____ Date of Birth _____

Unit in which Served:

Company _____ Division _____

Regiment _____ Corps _____

Brigade _____ Army _____

Beginning Service Date _____ Place _____

Ending Service Date _____ Place _____

Reason for Service Termination (killed, paroled, discharged, etc.) _____

Brief Description of Unit (usually found in National Archives forms) _____

Brief Description of Service (including whether wounded, captured, hospitalized, battles, etc.)

Date of Death _____ Place of Burial _____

Miscellaneous (activities before and after the war, pension, occupation, wife's name, children, etc.)

Complete to the best of your ability. Please attach photocopies of any records available.
Write on reverse or use additional paper as needed.