

Brigade Commanders
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ARKANSAS DIVISION GUARDIAN APPLICATION
SONS OF CONFEDERATE VETERANS



Print and Mail to:
Wayne R. Fuller
804 Kingswood Drive
Rogers, AR 72756
479-381-6495

Committee Members are
AR DIV Brigade Commanders

Name of Applicant: _____ SCV ID No: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Mobile: _____

SCV Camp: _____ Location: _____

eMail: _____

Confederate Veteran's Name: _____ Rank: _____

Unit: _____ Born: _____ Died: _____

Location of grave (Include name of cemetery, city, county & state) Cemetery: _____

Please answer the following:

Visits per year: _____ Date candidate began tending grave: _____

Flag placed on grave for Confederate Memorial Day: YES _____ NO _____

Marker on grave indicating CSA service: YES _____ NO _____

Services Performed: _____

I affirm that all the information here is true and accurate. I agree to faithfully care for and protect this Confederate Veteran's grave in accordance with the Guardian rules for the Arkansas Division for as long as I am able. In the event I am no longer able to carry out my duties, I shall notify the Guardian Review Committee immediately

Signature: _____ Date: _____

Camp Commander: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR COMMITTEE USE ONLY

Guardian Review Committee Action:

- | | | | |
|-----------------------|---------------------|-------------|----------------------|
| I. Application | Approved | Disapproved | For Full Guardian |
| II. Application | Approved | Disapproved | For Guardian Pro Tem |
| III. Wilderness Grave | Approved | Disapproved | |
| IV. Pro Tem Period | Months: From: _____ | To: _____ | |

Committee Member Signature: _____ Date: _____