



Sons of Spanish American War Veterans

Monument Registration Form

Name of Monument _____

Location (Site) _____

City _____ County _____ State _____

Date of Construction _____ Constructed by _____

Monument Ownership _____ Land Ownership _____

Monument Description

Height _____ Width _____ What is the Monument Made of? _____

Current Condition _____

Inscription – Front

Inscription – Back

Inscription – Left Side

Inscription – Right Side

Name of Individual Filing Data

Last _____ First _____ Middle _____ Suffix _____

Address _____

City _____ County _____ State _____ Area Code _____

Name & Number of Camp [if applicable]: _____

Date Filed: _____