



Sons of Spanish American War Veterans

Grave Registration Form

Name of Veteran

Last _____ First _____ Middle _____ Suffix _____
Birth Date _____ City _____ County _____ State _____
Death Date _____ City _____ County _____ State _____

Military Service

Rank _____ Branch _____ Company _____ Regiment _____ State _____
Date of Enlistment _____ Place of Enlistment _____
Date Mustered out _____ Place Mustered out _____
Reference (Source of Military Service) _____

Name of Spouse

Maiden Last _____ First _____ Middle _____ Suffix _____
Birth Date _____ City _____ County _____ State _____
Death Date _____ City _____ County _____ State _____
Names of Children _____

Name of Known Living Descendants (*Only two please*) _____

Cemetery Information

Cemetery Name _____
City _____ County _____ State _____
Plot No. _____ Row _____ Section _____ Is Grave Marked? _____ Veteran Stone? _____

Name of Individual Filing Data

Last _____ First _____ Middle _____ Suffix _____
Address _____
City _____ County _____ State _____ Area Code _____
Name & Number of Camp [*if applicable*]: _____

Date Filed: _____