

# Mississippi Division Guardian Program



1. **Purpose:** The program is designed to honor the memory of our Confederate ancestors and through its implementation will provide the preservation of their final resting places and will document for future generations their sacrifices.
2. **Eligibility:** Any Mississippi Division camp member in good standing, who is at least 12 years of age and who has demonstrated his desire and ability to serve as a GUARDIAN. All compatriots are encouraged to participate in the program to honor our ancestors and to protect their final resting place.
3. **DUTIES & RESPONSIBILITIES:**
  - (A) He shall care for and protect the grave(s) of a Confederate Veteran, ensuring that the gravesite is kept clean and well maintained year round. He shall perform these duties personally unless he is physically unable because of health reasons. At no time shall these responsibilities be passed on to another without the approval of the GUARDIAN committee for the Alabama Division.
  - (B) He will be responsible to appropriately mark the grave so it is designated as a final resting place of a Confederate Veteran. This can be by stone, plaque, Cross of Honor, etc. He will also be responsible for replacing or repairing any marker that is worn, damaged or destroyed.
  - (C) He shall personally visit the grave a minimum of two times a year to include Confederate Memorial Day or at least one week prior. He shall place a wreath or a small Confederate flag or both on the grave.
4. **APPLICATIONS, REVIEWS & APPROVAL:**
  - (A) Individuals who wish to participate in the GUARDIAN program must complete and submit the Guardian Application form to the Mississippi Division Guardian Committee Chairman. The Committee Chairman will then forward the application on to the Guardian Committee for approval. **The application must be accompanied with a map showing the location of the gravesite along with written driving instructions to the cemetery. A before photograph of the gravesite must also be submitted before approval. An after photograph can be submitted for the file as work is completed.**

- (B) The applicant must also remit a one-time \$10.00 fee with the application to cover the cost of the GUARDIAN pin and certificate, which will be awarded upon the candidate's approval for membership in the GUARDIAN program. The fee is non-refundable.
- (C) Individuals who are not accepted into the GUARDIAN program will be given an explanation in writing by the Review Committee. The applicant can request an appeal of the decision. The Review Committee will review the applicants appeal and render a decision. The decision of the Review Committee is final.

#### 5. **ADDITIONAL INFORMATION:**

**Multiple Gravesites:** GUARDIANS may care for more than one gravesite and will be

recognized by the Guardian Review Committee. Special certificates or indications on the Guardian pin may be authorized to signify the care of multiple veterans' graves. Normally no more than 25 gravesites will be authorized for a Guardian to care for. The Review Committee may authorize more than 25 on a case by case basis under the advice of the applicants Camp Commander.

- (A) **Forfeiture of Guardian position:** A Guardian who cannot meet the requirements of his position due to relocation, health or other reasons must notify the Review Committee. All fees are non-refundable.
- (B) **Bequeathing of GUARDIAN position:** A Guardian may transfer his responsibilities as a Guardian to another SCV member in good standing with prior approval by the Review Committee. There is a \$10 fee for transferring the Guardianship. This fee will cover the new Guardian's membership pin and certificate. If he is already in the Guardian program there will be no fee to cover the certificate designating the new guardianship he is undertaking.
- (C) **Revocation of GUARDIAN status:** The Review Committee may revoke the status of a participant in the Guardian program if he fails to carry out his duties and responsibilities as outlined. The Committee reserves the right to inspect, with or without notice, any GUARDIAN'S Confederate Veteran's gravesite to confirm compliance with all of the rules and regulations specified in the program.
- (E) **Wilderness Gravesite:** This is a gravesite that is completely neglected or abandoned in a remote area. Application for this special designation must be accompanied with before and after pictures of the gravesite and the Guardian must meet all other requirements of the program.

# Mississippi Guardian Program Application

## Turn Application into Division Guardian Committee Chairman

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

SCV Camp Name & Number: \_\_\_\_\_

Location: \_\_\_\_\_

### GRAVESITE DETAILS

Confederate Veterans Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Unit: \_\_\_\_\_ Co.: \_\_\_\_\_

Born: \_\_\_/\_\_\_/\_\_\_ Died: \_\_\_/\_\_\_/\_\_\_ Condition of site: Poor, Fair, Good, Excellent  
(circle one)

Location of Grave: *(Include name of cemetery, city and county)*: \_\_\_\_\_

\_\_\_\_\_

Marker on Grave denoting Confederate Service: \_\_\_\_\_ Cross of Honor? \_\_\_\_\_

Documentation of Confederate Service: List book, service record, etc. \_\_\_\_\_

\_\_\_\_\_

**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 PROGRAM rules for as long as I am able. In the event I cannot carry out my duties, I shall notify the Review Committee immediately. I also understand that the Review Committee can revoke my status as a GUARDIAN for good cause.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Committee Chairman: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Mail Application, Map and Photos to:

Mississippi Division Guardian Program

2244 Beach Blvd.

Biloxi, MS. 39531

\*\*\*\*\* DO NOT WRITE ON LINES BELOW \*\*\*\*\*

1. Application Approved\_\_\_\_\_ Disapproved\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

2. Wilderness Grave Status Approved\_\_\_\_\_ Disapproved\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

Approval signature: \_\_\_\_\_

PLEASE COMPLETE A FORM (As much as possible) FOR EACH SOLDIER YOU ARE REQUESTING TO BE A  
GUARDIAN

# Confederate Veteran Grave Registration Form (Rev. 3-99)

(Please Print Legibly)

Name of Soldier: (last) (first) (middle) (suffix)

Rank: Branch: Company: Regiment: State:

Enlistment Date:

Reference (Source of Military Service): \_

Birth Date: City: County: State:

Death Date: City: County: State: \_

Cemetery Name:

City: County: State:

Plot#: Row: Section: Is Grave Marked? Veteran Stone?

Cross of Honor on Grave? Cross Identification Number:

Lat: Lon: Elevation:

Spouse's Maiden Name: (last) (first) (middle)

Spouse's Birth Date: City: County: State:

Spouse's Death Date: City: County: State:

Marriage Date: City: County: State:

Name of Children:

Name and Address of Known Living Descendants (only two):

Name of Individual Filing Data:

Last:

First:

Middle:

Suffix:

Address:

City:

State:

Zip:

*Name and Number of SCV Camp (if applicable):*

Date Filed: \_

The Committee Chairman Shall Forward To:

Confederate Graves Registration Project

Sons of Confederate Veterans

P.O. Box 59

Columbia, TN 38402-0059

FAX (931) 381-6712, EMAIL: [exedir@scv.org](mailto:exedir@scv.org)