

National Society, Sons of the American Revolution

Grave Marking Medal Reporting Form

BEFORE starting on your Grave Marking Reporting Form below, please follow the “Save” instructions.

Use the “Save to Your PC” button. Add your Name to the front of the Saved file Name.

For example, “**George Compatriot Grave Marking Reporting Form.PDF**”.

Now **CLOSE** the web page and **OPEN** the saved File on your PC to Continue.

When you place your mouse over most of the “text” data entry fields below, a feature called a “tooltip” will display as a window/popup to give you additional instructions concerning what should be entered in that field.

Name of Compatriot:

State Society:

Chapter:

District:

National Number:

State Number:

Have you already been awarded the Grave Marking Medal? Yes No If so, when?

Role Key: **M** = Master of Ceremonies, **S** = Music, **P** = On Program, **W** = Wreath, **R** = Research, **L** = Labor, **\$** = Funding, **G** = Musket Salute. (Color Guard does not count toward this medal.) Only one role is required.

I certify that I have participated in the following Grave Marking Ceremonies:

Grave Marking Information

Patriot 1 Name: Birth: Death:

Cemetery Name: Cemetery Address:

City: State: Zip: County:

Type of Marker: Ceremony Date:

GPS Latitude: GPS Longitude: Role:

Patriot 2 Name: Birth: Death:

Cemetery Name: Cemetery Address:

City: State: Zip: County:

Type of Marker: Ceremony Date:

GPS Latitude: GPS Longitude: Role:

Patriot 3 Name: Birth: Death:

Cemetery Name: Cemetery Address:

City: State: Zip: County:

Type of Marker: Ceremony Date:

GPS Latitude: GPS Longitude: Role:

Patriot 4 Name: Birth: Death:

Cemetery Name: Cemetery Address:

City: State: Zip: County:

Type of Marker: Ceremony Date:

GPS Latitude: GPS Longitude: Role:

Patriot 5 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 6 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 7 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 8 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 9 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 10 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 11 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 12 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 13 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 14 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

Patriot 15 Name: Birth: Death:
Cemetery Name: Cemetery Address:
City: State: Zip: County:
Type of Marker: Ceremony Date:
GPS Latitude: GPS Longitude: Role:

As State President:

I, _____, do hereby affirm that the above record is accurate, and
The typed signature above is my authorized signature.

recommend that the **National Patriot / Graves Chairman** authorize the awarding of the Graves Marking Medal to SAR Compatriot:

I, _____, as **National Patriot / Graves Chairman**, do hereby approve the nomination of
The typed signature above is my authorized signature.
for the NSSAR National Grave Marking Medal as of:

Upon receipt of approved form, the state society may order the NSSAR National Grave Marking Medal and Certificate. They are responsible for the preparation of the Certificate and the scheduling of the medal presentation. It is suggested that the medal be presented at an appropriate National event. If this cannot be arranged, the presentation should be made at an appropriate event (national, district or state) by a national officer or the state society president.

Use the "**Click to Email**" button below to email the "renamed" form as an Attachment. By clicking on the Email button below, this document will be sent to the NSSAR National Patriot / Graves Committee Chairman.

Please request a "**Read Receipt**" so that you will know that your file was received.