

Confederate Veteran Grave Registration Form

(Please Print Legibly)

(Revised December 2006)

* **Name of Soldier Last** Creigh **First** Thomas **Middle** _____ **Suffix** _____
* **Rank** Pvt **Company** K **Regiment** 14th Regiment **State** VA

Branch Cavalry
Enlistment Date _____ Discharge Date _____
Month Day Year Month Day Year

Condition of Discharge _____
Other Wars _____

Birth Date unknown City _____ County _____ State _____
Month Day Year

Death Date 02-21-1894 City Phoenix County Maricopa State AZ
Month Day Year

Age at Death _____
Months Days Years

* **Cemetery Name** Porter Cemetery **GPS** _____ * _____ N/ _____ * _____ W

* **City** Phoenix **County** Maricopa **State** AZ

Plot # B40 LD Row _____ Section _____

Inscription/epitaph Thomas Creigh Co K 14 VA Cav

Private Headstone? Yes Veterans Stone? No Iron Cross of Honor? No

Foot Stone? No Flag Holder? No

Reference (Source of Military service) Soldier/Sailor System - Gravestone

Spouse Maiden Name _____ First _____ Middle _____

Date of Birth _____ City _____ County _____ State _____
Month Day Year

Marriage Date _____ City _____ County _____ State _____
Month Day Year

Date of Death _____ City _____ County _____ State _____
Month Day Year

Age at Death _____
Months Days Years

Inscription/epitaph _____

2nd Spouse _____ 3rd Spouse _____

Name of Children _____

Name and Address of Known Living Descendents (only two) _____

* **Indicates mandatory fields**

* **Name of Individual Filing Data:**

Last Garrison First Ken Middle Basil Suffix _____

Address 3850 N Civic Dr NE #7230 City Prescott Valley State AZ ZIP 86314

E-Mail Chris@jackanddicks.kscoxmail.com

State/Division, Name, and Number of SCV Camp (If Applicable) _____

Arizona Division – Pvt C.W. Lucas – Forrest’s Escort - Camp #2316

Date Filed 11-12-09