

Confederate Veteran Grave Registration Form

(Please Print Legibly)

(Revised December 2006)

* **Name of Soldier Last** Coleman **First** Thomas **Middle** P **Suffix** _____
* **Rank** Private **Company** _____ **Regiment** Unknown **State** Unknown
Branch Army
Enlistment Date Unknown Discharge Date Unknown
Month Day Year Month Day Year

Condition of Discharge _____
Other Wars _____

Birth Date 1835 City _____ County _____ State _____
Month Day Year

Death Date May 12, 1902 City Willcox County Cochise State Arizona
Month Day Year

Age at Death 67
Months Days Years

* **Cemetery Name** Willcox Historical Cemetery **GPS** _____ * _____ N/ _____ * _____ W
* **City** Willcox **County** Cochise **State** AZ

Plot # _____ Row _____ Section _____
Inscription/epitaph _____

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

Foot Stone? No Flag Holder? No

Reference (Source of Military service) Willcox Historical Cemetery records

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 Griffin First Robert Middle S. Suffix _____

Address 921 Madrid St City Douglas State AZ ZIP 85607
dixieforever@hotmail.co

E-Mail m

State/Division, Name, and Number of SCV Camp (If Applicable) Arizona Division, Confederate Secret Service
Camp 1710

Date Filed 3/29/09

