

Descendants of Veterans of the Battle of Cedar Mountain



Application

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

ANCESTOR'S NAME, RANK _____

ANCESTOR'S MILITARY UNIT _____

ANCESTOR'S STORY _____

(For additional information or ancestors, use the back of this sheet)

Friends of Cedar Mountain Battlefield, Inc., is permitted to publish all ancestor information provided herein in any media that would further the goals of the Friends of the Cedar Mountain Battlefield, Inc.

To the best of my knowledge, the information provided in this document is true and correct.

Signature _____ Date _____