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 ________________