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 _______________

Mail to: Friends of Cedar Mountain, PO Box 1853, Culpeper, VA. 22701