Nominee:

The National Society
of the
Sons of the American Revolution
Grave Marking Medal Reporting Form

Nominee Information:			
Name:		National Number:	State Number:
Society:	Chapter:		
District:			
Has this Nominee received the Grave Marking Medal previously? ◉ NO ○ YES		If Yes, when?	

The Nominee has participated in the following Grave Marking Ceremonies

Note: *Only one Role is required for each event. Color Guard service does not count toward this medal.*

Ceremony #1	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #2	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #3	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #4	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #5	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Nominee:

Ceremony #6	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #7	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #8	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #9	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #10	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #11	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #12	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Nominee:

Ceremony #13	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #14	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Ceremony #15	Patriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:		County:
Type of Marker:				Ceremony Date:
GPS Latitude:	GPS Longitude:		Nominee Role:	none

Society President:

I, _____, do hereby affirm that the above record is accurate and recommend the Nominee for the awarding of the Grave Marking Medal.

National Patriot Graves Chairman:

I, _____, do hereby approve the Nominee for presentation of the National Grave Marking Medal.

_____ Signature of National Chairman

_____ Date of signature

Note: Upon receipt of the approved form, the presenting Society may order the National Grave Marking Medal and certificate from the National Merchandise Department. The presenting Society is responsible for the preparation of the certificate and scheduling the presentation of the Award. It is suggested the award be presented during an appropriate National event. If this cannot be arranged, then the presentation should be made at an appropriate District or Society event by a National Officer or Society President.

Role Abbreviations: MC = Master of Ceremonies; M = Music; P = on Program; W = Wreath; R = Research; L = Labor; D = Funding; MS = Musket Salute

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