

Department of Missouri  
**SONS OF UNION VETERANS OF THE CIVIL WAR**  
**SV / SUV CAMP PROJECT FORM**

PLEASE:

Type or print, using a ballpoint pen, when filling out this form. Legibility is critical.

Do not guess at the information. An answer of "Unknown" is more helpful. Attach more pages of documentation if available.

Include a photograph of each viewable side and label it with name & direction of view.

Camp Name	General W.T. Sherman			Camp #	19
City / Town	Macon City	County	Macon	State	MO

Brief History of the Camp (Use Additional Pages if Necessary)

Chartered before-1889 ; charter surrendered pre-1889; 1889 Roster Missouri Div., Sons of Veterans;

Meeting Facility

Structure Still Exists?      Yes / No /Unk     

Identify Specific Location

Description of Records

Do Records Exist?      Yes/No/Unk       Records Original or Copies

What are the conditions of the records?

What do the records consist of?

No Additional Information

Location of the Records.

Repository Name

City / Town		County		State / Zip	
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Additional Information

No Additional Information

Submitter Information:

Date Submitted        NAME   

Camp Name        Camp #        Dept      
 E-Mail   

Submit to Department Secretary listed at <http://www.suvcwmo.org>