

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	Independence	Camp #	4
City / Town	Independence	County	Jackson
	State	MO	

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

Chartered ore-1889 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>