

DEPARTMENT OF MISSOURI  
**SONS OF UNION VETERANS OF THE CIVIL WAR**  
**G.A.R. POST 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.
- Include a photograph of each viewable side and label it with name & direction of view.

- Thank You

**Post Information**

Post Name  Post Number   
City/Town  County  State

Brief History of the G.A.R. Post (use separate document if necessary):

**Meeting Facility**

Structure Still Exist?  Yes  No  Unknown      Type of Building:  Stand-Alone  Shared-Use

Identify Specific Location:

**Description of Records**

Do the Records Exist?  Yes  No  Unknown      The Records are:  Originals  Copies

What are the conditions of the records?

What do the records consist of?

**Location of Records**

Repository Name   
City/Town  County  State  Zip

**Additional Information:**

**Submitter Information**

Submit Date  Name   
Camp Name  Camp #  City/Town  State  Zip   
Email

Submit to Current G.A.R. Post Records Officer Listed @  
<http://www.sucwmo.org/garposts.php>