

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 Custer	Camp #	7		
City / Town	Dawn	County	Livingston	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>