

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

[Print Form](#)

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

[Submit by Email](#)