DEPARTMENT OF MISSOURI

SONS OF UNION VETERANS OF THE CIVIL WAR

Historical 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.
- If a camp's location is recorded. Include a photograph of each viewable side and label it with name & direction of view.

- Thank You

Camp Information

Camp Name _____ Camp # _____

City/Town _____ County _____ State _____

Brief History of the SV/SUV Camp(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 _____

Misc Date Entry Field

SV/SUV Camps Historical Records

Submit to Current Historical SUV Camp Records Officer Listed @ http://www.suvcwmo.org