

Descendants of the Confederate Officers Corps
Application form

1. Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____ - _____

2. Affiliation: _____

3. Ancestor's Name: _____

4. Ancestor's Rank: _____

5. Ancestor's Unit: _____

6. Ancestor's Period of service: _____

7. Applicants Relationship to their Confederate Officer:

8. If more than one officer ancestor please list separately (only one lapel pin and affidavit issued per member):

9. I _____ am a member in good standing
Signature

of _____, hereby attests the foregoing to be a true and complete statement of my Confederate ancestors service and my relationship to same.

10. Signed this _____ day of _____ (month) _____ year

11. Accepted by _____ on this

_____ day of _____ (Month) _____ year.

Please make checks payable in the amount of \$50.00 to the Florida
Division SCV.

Please forward your Ancestor Information form and check to:
Descendants of the Confederate Officers Corps
160 Laguna Ct.
St. Augustine, FL 32086