



Major George W. Littlefield Camp # 59 Austin, Texas CSA South Texas Brigade Texas Division Sons of Confederate Veterans

Thank you for your interest in the Sons of Confederate Veterans. Please complete the following three pages.

The first page is the application that will be sent to National HQ in Elm Springs, TN. It should be filled out completely.

The second page is a lineage chart that will show the connection between you and your Confederate ancestor. Please complete this as completely as possible.

The third page is for information about your Confederate ancestor. Please include any copies of muster rolls, pay slips, or any other copies concerning your ancestor that will document his service.

To apply for membership, complete the 3 pages and send with a copy of your birth certificate and a check for \$61.00 made out to SCV Camp # 59 and mail to;
H.W. Irby, PO Box 840, Bertram, Tx. 78605

The \$61.00 fee is broken down as follows:

\$30.00 Annual National dues
\$ 5.00 one time registration fee for S.C.V. National
\$ 5.00 Texas Division annual dues
\$ 1.00 one time registration fee for Texas Division
\$20.00 Camp # 59 annual dues
\$61.00 Total

Please send one check for the total amount, the Camp Treasurer will send out the appropriate fees to each entity.

Thank you again for your interest, we look forward to having you in our Camp!

Application For Membership

(Type or Print in Black Ink Only)



To the Officers and Members of _____
Camp No. _____, Located at _____
State of _____

I, the undersigned, respectfully petition to become a member of the

Sons of Confederate Veterans

And if accepted, do hereby promise strict compliance to the Constitution and rules of the organization.

The Confederate patriot through whom I petition for membership, and who adhered to the Cause of the Confederate States of America was my _____ whose name was

Relationship to Applicant

Full name of Confederate soldier

of _____
City/County _____ State _____

My Lineal } Confederate ancestor was a _____ in Company _____
Collateral } Rank _____
(check one) Complete name of regiment or unit _____

My Confederate ancestor was killed , died , paroled , surrendered , released on oath , or discharged
(check one)

on _____ and is buried in _____
Date _____ County _____ State _____ Name of Cemetery _____

Print Full Name

Legal Signature

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____

Occupation _____

Home Phone _____

Work Phone _____

Recommended by

Current Member's Name
(Print)

Camp Name & Number

Report on Application

This application has been examined, and from the information which the camp committee has been able to procure, is approved.

Camp Committee on Application

Camp Committee on Application

Date Approved for Membership by Camp

Date Received at IHQ

SONS OF CONFEDERATE VETERANS MAJ. GEORGE W. LITTLEFIELD CAMP #59

APPLICANT'S LINEAGE

Name of Applicant _____ Date of Birth ___ / ___ / ___

Address _____ Place of Birth _____

My Confederate Ancestor was _____ who enlisted at
_____ on _____, 186__
(company and regiment) _____

1. I am the son of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

2. My father / mother was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

3. The above was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

4. The above was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

5. The above was the son / daughter of

_____ born _____, _____ in _____
_____ died _____, _____ in _____

and his wife

_____ born _____, _____ in _____
(maiden name) died _____, _____ in _____

married _____, _____ in _____

**SONS OF CONFEDERATE VETERANS
MAJ. GEORGE W. LITTLEFIELD CAMP #59**

BIOGRAPHICAL SUMMARY OF CONFEDERATE ANCESTOR

Date: ___ / ___ / ___

SCV Member:

Name _____

Address _____

Telephone _____

email _____

Year joined SCV _____

Confederate Ancestor:

Name _____ Rank _____

Birthplace _____ Date of Birth _____

Unit in which Served:

Company _____ Division _____

Regiment _____ Corps _____

Brigade _____ Army _____

Beginning Service Date _____ Place _____

Ending Service Date _____ Place _____

Reason for Service Termination (killed, paroled, discharged, etc.) _____

Brief Description of Unit (usually found in National Archives forms) _____

Brief Description of Service (including whether wounded, captured, hospitalized, battles, etc.)

Date of Death _____ Place of Burial _____

Miscellaneous (activities before and after the war, pension, occupation, wife's name, children, etc.)

Complete to the best of your ability. Please attach photocopies of any records available.
Write on reverse or use additional paper as needed.