

Nominee: _____



The National Society of the Sons of the American Revolution Compatriot Grave Marking Medal Reporting Form

Nominee Information:

Name:		National Number:	State Number:
Society:	Chapter:		
District:			
Has this Nominee received the Compatriot Grave Marking Medal previously?		NO	YES
If Yes, when?			

The Nominee has participated in the following Compatriot Grave Marking Ceremonies

Note: Only one Role is required for each event. Color Guard service does not count toward this medal.

Ceremony #1	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Ceremony #2	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Ceremony #3	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Ceremony #4	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Ceremony #5	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Nominee:

Ceremony #6	Compatriot Name:	Date of Birth:	Date of Death:
Cemetery Name:	Cemetery Address:		
City:	State:	Zip Code:	County:
Type of Marker:			Ceremony Date:
GPS Latitude:	GPS Longitude:	Nominee Role:	

Ceremony #7	Compatriot Name:	Date of Birth:	Date of Death:
Cemetery Name:	Cemetery Address:		
City:	State:	Zip Code:	County:
Type of Marker:			Ceremony Date:
GPS Latitude:	GPS Longitude:	Nominee Role:	

Ceremony #8	Compatriot Name:	Date of Birth:	Date of Death:
Cemetery Name:	Cemetery Address:		
City:	State:	Zip Code:	County:
Type of Marker:			Ceremony Date:
GPS Latitude:	GPS Longitude:	Nominee Role:	

Ceremony #9	Compatriot Name:	Date of Birth:	Date of Death:
Cemetery Name:	Cemetery Address:		
City:	State:	Zip Code:	County:
Type of Marker:			Ceremony Date:
GPS Latitude:	GPS Longitude:	Nominee Role:	

Ceremony #10	Compatriot Name:	Date of Birth:	Date of Death:
Cemetery Name:	Cemetery Address:		
City:	State:	Zip Code:	County:
Type of Marker:			Ceremony Date:
GPS Latitude:	GPS Longitude:	Nominee Role:	

Ceremony #11	Compatriot Name:	Date of Birth:	Date of Death:
Cemetery Name:	Cemetery Address:		
City:	State:	Zip Code:	County:
Type of Marker:			Ceremony Date:
GPS Latitude:	GPS Longitude:	Nominee Role:	

Ceremony #12	Compatriot Name:	Date of Birth:	Date of Death:
Cemetery Name:	Cemetery Address:		
City:	State:	Zip Code:	County:
Type of Marker:			Ceremony Date:
GPS Latitude:	GPS Longitude:	Nominee Role:	

Nominee:

Ceremony #13	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Ceremony #14	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Ceremony #15	Compatriot Name:		Date of Birth:	Date of Death:
Cemetery Name:		Cemetery Address:		
City:	State:	Zip Code:	County:	
Type of Marker:			Ceremony Date:	
GPS Latitude:	GPS Longitude:	Nominee Role:		

Society President:

I, _____, do hereby affirm that the above record is accurate and recommend the Nominee for the awarding of the Compatriot Grave Marking Medal.

National Patriot Graves Chairman:

I, _____, do hereby approve the Nominee for presentation of the National Compatriot Grave Marking Medal.

Signature of National Chairman

Date of signature

Note: Upon receipt of the approved form, the presenting Society may order the National Compatriot Grave Marking Medal and certificate from the National Merchandise Department. The presenting Society is responsible for the preparation of the certificate and scheduling the presentation of the Award. It is suggested the award be presented during an appropriate National event. If this cannot be arranged, then the presentation should be made at an appropriate District or Society event by a National Officer or Society President.

Role Abbreviations: MC = Master of Ceremonies; M = Music; P = on Program; W = Wreath; R = Research; L = Labor; D = Funding; MS = Musket Salute