DAR MEMBER GRAVE MARKER REPORT FORM

Form to report installation/dedication of DAR member marker at gravesite of living/deceased member. Please complete and return this section of form after the installation/dedication of member marker at living/deceased member's gravesite.

[PLEASE TYPE OR PRINT]

Send this portion of completed form to:

NSDAR
HISTORIAN GENERAL
1776 D Street NW
Washington, DC 20006–5303

INFORMATION ABOUT DAR MEMBER

Name Sarah Elizabeth Jennings Husband's name _____

National number 849852 ❑ ***Living** ☑ ****Deceased** **Date of death Sept / 19 / 2014

Member of Ol' Shavano Chapter, State Texas

GRAVESITE LOCATION: Cemetery Humphreys Cemetery

City Martindale County Caldwell State Texas

MARKER INSTALLED/DEDICATED BY _____ Date ____ / ____ / ____

or

Marker placed by living DAR member at her gravesite _____ Date ____ / ____ / ____

MEMBER MARKER REPORT FORM (LIVING/DECEASED MEMBER)
STATE HISTORIAN'S COPY

Send this portion of completed form to:

YOUR STATE HISTORIAN

INFORMATION ABOUT DAR MEMBER

Name Sarah Elizabeth Jennings Husband's name _____

National number 849852 ❑ ***Living** ☑ ****Deceased** **Date of death Sept / 19 / 2014

Member of Ol' Shavano Chapter, State Texas

GRAVESITE LOCATION: Cemetery Humphreys Cemetery

City Martindale County Caldwell State Texas

MARKER INSTALLED/DEDICATED BY _____ Date ____ / ____ / ____

or

Marker placed by living DAR member at her gravesite _____ Date ____ / ____ / ____

We suggest you keep a card file of markers for chapter records.

* **Please provide the date of death immediately following the member's death so accurate files can be maintained at state and national levels.**

This form may be duplicated.