

# Last Civil War Veteran By Pennsylvania County Template

**Instructions:** Fill out as completely as possible, typing or printing the information. Then mail or email the form to the Dept of PA Graves Registration Officer.

PA County: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Death Date: \_\_\_\_\_

First Enlistment:

Rank: \_\_\_\_\_ Company: \_\_\_\_\_ Regt/Unit/Ship: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Second Enlistment:

Rank: \_\_\_\_\_ Company: \_\_\_\_\_ Regt/Unit/Ship: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Cemetery Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town/Township \_\_\_\_\_

Burial Section: \_\_\_\_\_ Grave Geo Coordinates: \_\_\_\_\_

SUVCW Ceremony Held? \_\_\_\_\_ Date of Ceremony: \_\_\_\_\_ Last Soldier Marker Installed? \_\_\_\_\_

Ceremony conducted by Camp \_\_\_\_\_

Additional useful information for the records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return paper form to:

Please email electronic form to:

Bill Fischer PCC  
403 Grand Circle  
Scranton PA 18505-2870

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