	Awa	al Thomas Jackson ard Application ersonal care for CSA offic	-
Member's Name / MOS	B Number		/
Chapter Name / Number	r	/	Society
Member's Address			
City	r	State	Zip Code
Member's Phone		Member's Email	
P	Adopted Confeder	ate Officer's Grave In	formation
Officer's Name / Rank _			//
Name of Cemetery			
			State
Grave Plot Number (if n	one, indicate N/A)		
Date Care Commitment Initiated Date Care Commitment Terminated			
To qualif		ember must have 75 of the the information below:	available 100 points
25 Points:	Installation of MOS	SB grave plaque	
25 Points: Installation of Confederate Cross of Honor			
Up to 50 Points for a minimum of two years of maintenance of the officer's grave. (Applicant must submit before and after photos with embedded date stamp on each photo.)			
NOTE: There is a 4" x 4" MOSB grave plaque available for purchase through the MOS&B IHQ Store.			

Photographs (before and after) must accompany the award application. Available information about the Confederate Officer should also be submitted (such as service record copies, photo, if he survived the war, and if so, what became of him after 1865). Completed application, pictures and other supporting docs should be emailed (hard copies will not be accepted nor returned).

E-Mail completed form & supporting docs to Awards Chairman at <u>awards.mosb@gmail.com</u> *Effective FEB 2024*