



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

Nominee Information:

Name:		National Number:	State Number :
Society:	District:	Chapter:	
Has the Nominee received the Grave Marking Medal previously? NO YES			
If Yes, date?		Number of Previous Compatriot Grave Marking Medals:	

The Nominee has participated in Grave Marking Ceremonies for the following Compatriots

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

To find SAR Cemetery number, search in PRS Cemetery tab

Number	Compatriot Name:	Compatriot ID:	SAR Cemetery #:	Ceremony Date:	Nominee Role
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Society President or Designated Society Approver: Please email the signed form to: GraveMarkApp@sar.org

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

National Patriot Graves Committee Approver:

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

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

If Nominee Role is D you must include a letter from the sponsoring chapter President stating the donation amount received.