

## General Thomas Jackson Award Application



(In recognition of personal care for CSA officer's grave)

Member's Name / MOSB Number		
Chapter Name / Number	/	Society
Member's Address		
City	State	Zip Code
Member's Phone	Member's Email	
Adopted Conf	ederate Officer's Grave Info	rmation
Officer's Name / Rank		/
Name of Cemetery		
Address of Cemetery	County	State
Grave Plot Number (if none, indicate N/	/A)	
Date Care Commitment Initiated	Date Care Commitme	ent Terminated
1 V	ch member must have 75 of the avrom the information below:	ailable 100 points
25 Points: Installation of	MOSB grave plaque	
25 Points: Installation of C	Confederate Cross of Honor	
	mum of two years of maintenance ubmit before and after photos wit	
NOTE: There is a 4" x 4" MOSB IHQ Store.	grave plaque available for purch	ase through the MOS&B

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 <a href="mailto:awards.mosb@gmail.com">awards.mosb@gmail.com</a>
Effective FEB 2024