REAL GRANDSON MEDAL APPLICATION



Please select the specific medal which you are applying for: DEO VINDIC										
Re	al Grandson (fill out Se	reat Great Great Grandson fill out Sections 1-6) \$75 fee								
Rea	al Great Grandson	reat Great Great Grandson ill out Sections 1-7) \$75 fee								
Real Great Grandson (fill out Sections 1-5) \$75 fee Supplemental Form (complete appropriate sections for relationship) \$25 fee										
Medal Award #		Member's MOSB #			Fee Enclosed:					
Member's F	-ull Name:									
FIRST		MIDDLE		LAS	г	SUFFIX				
Address:										
CITY STATE ZIP E-Mail										
	RECORD OF CONFEDERATE ANCESTRY									
ANCESTOR'S NAME				RANK/TITLE						
CED)	VED IN CONFEDERATE	CTATEC	CO1	/PANY	DECIMAL DECIMA	- N. I-T				
	'ED IN CONFEDERATE IY, NAVY OR CIVIL GO\		CON	VIPANT	REGIME	:NI				
	DEPARTMENT (ATM, AOT, ANV)				CONFEDERATE SERVICE DATE					
AT:										
HONORABLY DISCHARGED AT					STATE					
DATE 186 SERVED UNDER THE COMMAND OF:										
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE AND MY LINEAGE ATTACHED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.										
	SIGNATURE OF APPLICA	DA	E							

CHAPTER CERTIFICATE OF RECOMMENDATION



WHERE

Only to be used if the applicant is associated with an active Chapter.

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			OF	D. N.A. V.E.	CLIA DTED !!	
	NAME	TITLE	CHAPTE	RNAME	CHAPTER#	
OCIETY OF		DO CERTIFY THAT				
OCIETT OF	STATE	DO CERTIT I TITAL	NΑ	ME OF APPLICANT		
	reat-Great Grandson/Real-		e required proof of the applic n Medal and I am satisfied as	ant of the MOS&B Rea		
	Adjutant Comma	nder		Date		
By authority of		ORGAN	OVAL BY TH IZATION and Bars, the award of this an			
approved.						
	Real Grandsor	n Committee Chairma	n	Da	ate	
		INEACE DOC	UMENTATION	FODM	page 2	
SECTION #			MANENTLY KEPT WITH THE			
SECTION #	11	IIS DOCOMENT IS TO BE FE	RIMANEINIET REFT WITH THE	AFFLICATION		
#1						
#1 IA		IT'S NAME	BORN WHER		HERE	
MY WIFE I	S					
		FE'S MAIDEN NAME	BORN	WHERE		
MARRIE						
	DATE	WHERE	DIED	WH	ERE	
PROC	_					
PROC)F					
2 I AM THE SON O	E F					
	FATHER'	S NAME	BORN	WHE	RE	
			DIED	WH	ERE	
	MOTHER'S	MAIDEN NAME	BORN	WH	ERE	
MARRIED						

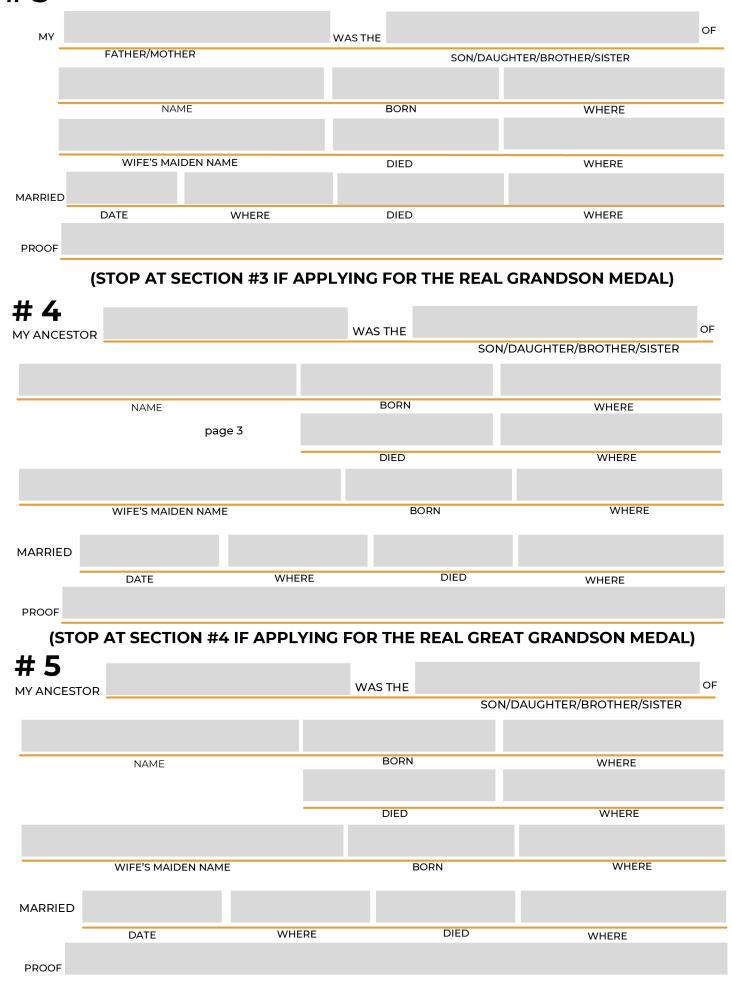
DIED

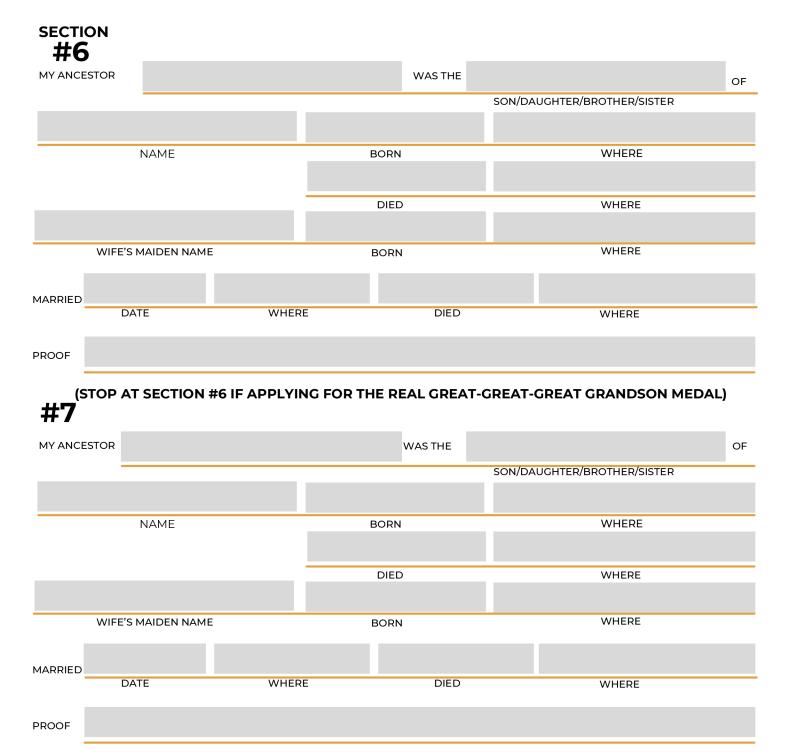
WHERE

DATE

PROOF

SECTION # 3





(Complete all sections if applying for the Real Great-Great-Great Grandson Medal)

Fees effective August 1, 2024

Note: Supplemental includes certificate and star to place on appropriate ribbon.

Mail completed application & check to:
PCG J. Troy Massey
P.O. Box 536
Harrison, AR 72602-0536

Make checks payable to: MOSB