



APPLICATION FORM FOR THE JACKSON MEDAL

MOS&B MEMBER'S NAME _____
MOS&B CHAPTER NAME AND STATE _____
ADDRESS _____
PHONE NUMBER _____

NAME AND RANK OF OFFICER WHOSE GRAVE YOU HAVE ADOPTED:

NAME AND LOCATION OF CEMETERY AND LOCATION OF OFFICER'S GRAVE:

INCLUDE PHOTOGRAPHS OF GRAVE TAKEN BEFORE AND AFTER THE RENOVATION WORK.

INCLUDE ANY INFORMATION AVAILABLE ABOUT THE CONFEDERATE OFFICER, SUCH AS COPIES OF HIS SERVICE RECORDS, HIS PHOTOGRAPH, AND, IF HE SURVIVED THE WAR, WHAT HAPPENED TO HIM AFTER 1865, IF KNOWN.

TO APPLY FOR THE JACKSON MEDAL, SEND THIS COMPLETED FORM AND INFORMATION TO EITHER OF THE FOLLOWING MEMBERS OF THE JACKSON MEDAL COMMITTEE:

Joe B. Gay, III, Chairman
904 North High Street
Franklin, Virginia 23851
Phone 757-562-6077

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