



# DAR MEMBER GRAVE MARKER REPORT FORM

Form to report installation/dedication of DAR member marker at gravesite of living/deceased member. Please complete and return this section of form after the installation/dedication of member marker at living/deceased member's gravesite.

[PLEASE TYPE OR PRINT]

Send this portion of completed form  
by email to [historian@dar.org](mailto:historian@dar.org) or to:

**NSDAR  
HISTORIAN GENERAL  
1776 D Street NW  
Washington, DC 20006-5303**

## INFORMATION ABOUT DAR MEMBER

Name \_\_\_\_\_ Husband's name \_\_\_\_\_

National number \_\_\_\_\_  \*Living  \*\*Deceased \*\*Date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member of \_\_\_\_\_ Chapter, State \_\_\_\_\_

GRAVESITE LOCATION: Cemetery \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

MARKER INSTALLED/DEDICATED BY \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

or  
Marker placed by living DAR member at her gravesite \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## MEMBER MARKER REPORT FORM (LIVING/DECEASED MEMBER) STATE HISTORIAN'S COPY

Send this portion of completed form to:  
**YOUR STATE HISTORIAN**

## INFORMATION ABOUT DAR MEMBER

Name \_\_\_\_\_ Husband's name \_\_\_\_\_

National number \_\_\_\_\_  \*Living  \*\*Deceased \*\*Date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member of \_\_\_\_\_ Chapter, State \_\_\_\_\_

GRAVESITE LOCATION: Cemetery \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

MARKER INSTALLED/DEDICATED BY \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

or  
Marker placed by living DAR member at her gravesite \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We suggest you keep a card file of markers for chapter records.  
**\* Please provide the date of death immediately following the member's death  
so accurate files can be maintained at state and national levels.**

*This form may be duplicated.*