



AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR MEMBER DESCRIPTIVE BOOK

Auxiliary: _____ Department: _____

Name: _____

Date of Birth: _____ Place of Birth: _____

Residence: _____

Occupation: _____ Initiated: _____

Sponsored By: _____ Life Member: _____

Suspended: _____ Reinstated: _____

Transfer Issued: _____ Transfer Received By: _____

Honorable Discharge: _____ Dishonorable Discharge: _____

Dropped: _____ Deceased: _____

HEREDITARY RECORD IN THE CIVIL WAR

Name: _____ Relationship: _____

Enlistment Date: _____ Discharge Date: _____

Enlistment Rank: _____ Discharge Rank: _____

Company/Unit: _____ Discharge Cause: _____

Regiment/Ship: _____ Length of Service: _____

RELATIVE'S SUVCW MEMBERSHIP

Name: _____

Date of Birth: _____ Place of Birth: _____

Residence: _____ Occupation: _____

Camp: _____ Department: _____



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