Miles C- Bom: 8 c	Confederate Veteran AWO- 3/23/20247 ORIGINAL
CHECK TYPE REQUIRED (See Instructions attached)	APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)
□ UPRIGHT MARBLE HEADSTONE     □ UPRIGHT GRANITE HEADSTONE     □ FLAT MARBLE MARKER     □ FLAT GRANITE MARKER	DISCHARGE DATE OF SERIAL NO.  SERIAL NO.  EMBLEM (CHECK ONE)  CHRISTIAN  HEBREW  December 31, 18040 onfederate. Tex.
Shandley, John	SOUTH CAROLINA
DATE OF BIRTH (MONTH, DAY, YEAR)  1/6/1946  NAME OF CEMETERY	DATE OF DEATH (MONTH, DAY, YEAR)  1/1/1913  LOCATION (CITY AND STATE)
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS THE STONE FROM THE FREIGHT STATION TO FURTHER THE STONE FROM THE FREIGHT STATION TO FURTHER THE STATE OF FOR STANDARD FOR THE STANDARD FOR TH	Commonder POST OFFICE ADDRESS OF CONSIGNEE
ORDERED MISS MAR SHIPPED 358274	I certify this application is submitted for a stone for the unmarked grave of a veteran.  I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.  APPLICANT'S SIGNATURE  APPLICANT'S SIGNATURE  ADDRESS (STRIET, CITY, STATE)  ADDRESS (STRIET, CITY, STATE)
OQMG Form 623 (Rev. 15 Mar. 1945)	IMPORTANT—Complete reverse side ter of Veteran (FO 16-11453-4