



LEONARD LAYNE  
SERG CO B 36 ARK INFANTRY  
CONFEDERATE STATES ARMY  
FEB 23 1833 NOV 11 1896











## Confederate Veteran Personal File

Name: Layne, Leonard

Cemetery	Cem. No	City	County	State
<u>Copperas Cove</u>	<u>140</u>	<u>Copperas Cove</u>	<u>Conyell</u>	<u>TX</u>

Born:        Died:        Age 1861:       

Antebellum:

Service Record:

Co B 36 Ark Inf  
Battle at Helena, Ark

Post-bellum:

Joseph A Layne, Leonard

~~SCV Member~~

<sup>A</sup>  
Right shoulder

Bert McCullough's Regt.

Helena, Ark Battle.



Allen Young, — SCV Member  
373 Stinson Ave  
St Paul; 1717 55117

651-488-5094



Will come down for dedication.





Department of Veterans Affairs

**IMPORTANT:** Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. **Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.**

1. TYPE OF REQUEST

- ☒ INITIAL (First time) REQUEST  
☐ SECOND REQUEST  
☐ CORRECTED APPLICATION OR REPLACEMENT

2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)

FIRST (Or Initial) MIDDLE (Or Initial) LAST SUFFIX  
LEONARD LAYNE

3. GRAVE IS:

- ☐ CURRENTLY MARKED  
(with privately purchased marker)  
☐ NOT MARKED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. (Failure to complete will delay processing.)

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

5A. DATE OF BIRTH			5B. DATE OF DEATH			6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
02	23	1833	11	11	1896						

7. HIGHEST RANK ATTAINED (No pay grades)

SGT

8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7)

ARMY NAVY MARINE COAST AIR ARMY MERCHANT OTHER  
CORPS GUARD FORCE FORCES MARINE (Specify)  
☒ Infantry

9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF DST SVC NAVY AIR FORCE SILVER BRONZE PURPLE OTHER  
HONOR CROSS CROSS CROSS STAR MEDAL HEART (Specify)

10. WAR SERVICE (Check applicable box(es))

WORLD PERSIAN OTHER  
WAR II KOREA VIETNAM GULF (Specify)  
☒ Civil War

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT FLAT UPRIGHT FLAT BRONZE UPRIGHT  
BRONZE GRANITE MARBLE MARBLE NICHE GRANITE  
☐ B ☐ G ☐ U ☒ F ☐ Z ☐ V

12. DESIRED EMBLEM OF BELIEF

NONE EMBLEM NUMBER  
(Specify) (See reverse side of this form for authorized emblems)  
☒ Southern Cross of Honor

13A. NAME AND MAILING ADDRESS (No., Street, City, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

ALLEN YOUNG  
373 STINSON AVE.  
ST. PAUL, MN 55117-5222

13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

14. E-MAIL ADDRESS (Optional)

15. FAX NO. (Optional)

16. ARE YOU:

- ☒ NEXT OF KIN ☐ VETERANS SERVICE OFFICER  
☐ FUNERAL DIRECTOR ☐ CEMETERY OFFICIAL  
☐ OTHER (Specify)

**CERTIFICATION:** By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.

17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A

*Allen Young*

18. DATE (MM/DD/YYYY)

6 JUL 2006

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State and ZIP Code); P.O. BOX IS NOT ACCEPTABLE

ROCKY JIM SPROTT  
445 N. WALL  
BELTON, TX 76513

20. DAYTIME PHONE NO. (Include Area Code)

(254) 939-6137

21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code)

COPPERAS COVE CITY CEMETERY  
415 AVE A.  
COPPERAS COVE, TX 76122

**CERTIFICATION:** By signing below I agree to accept prepaid delivery of the headstone or marker.

22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19

*Rocky Jim Sprott Rocky Jim Sprott*

23. DATE (MM/DD/YYYY)

08-17-2006

**CERTIFICATION:** By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

*Becci Hooten Becci Hooten*

25. DAYTIME PHONE NO. (Include Area Code)

(254) 547-6049

26. DATE (MM/DD/YYYY)

07/06/2006

27. REMARKS (Optional inscription space will vary in size according to the type of marker)

CONFEDERATE STATE OF AMERICA  
SGT, CO. B, 36 ARKANSAS INFANTRY

28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., lost at sea, remains scattered, etc.)

☐ REMAINS NOT BURIED

STATE VETERANS' CEMETERY AND GRAVE LOCATION (Cemetery Use Only)

29. ID CODE

30. SECTION

31. GRAVE NO.