

CSA AMERICAN NATIONAL-ORIGIN STATUS FORM

Southern Independence Association (SIA)

For Establishing CSA American Identity Under Federal National-Origin Standards

Return completed form to:

Southern Independence Association

P.O. Box 1781

Goodlettsville, TN 37072

or email to: mesposito6061@gmail.com

INSTRUCTIONS

Who Should Complete This Form

Any individual who wishes to affirm their identity as a CSA American for purposes of:

Eligibility for protection under the Civil Rights Act of 1964 (National Origin Clause)

Proof of standing in potential civil-rights cases

Participation in SIA heritage protection initiatives

Documentation of discrimination targeting Confederate ancestry or heritage

What “CSA American” Means

Under federal law, “national origin” includes historical nations and their descendant populations, even if the nation no longer exists (e.g., Cajun/Acadian, Kurdish, Jewish diaspora, Basque, Native Hawaiian).

A “CSA American” is a person who meets any of the following:

1. Has ancestors who lived in the territory of the Confederate States of America (1861–1865) as civilians or residents;
2. Is descended from Confederate military personnel (optional but strengthens the claim);
3. Culturally identifies with Confederate heritage;
4. Is targeted, harassed, or discriminated against because they are perceived to be associated with the CSA, Confederate ancestry, or Confederate heritage.

How to Complete the Form

Print or type clearly.

Provide as much information as you know.

Attach additional pages if needed.

Return the signed form by mail or email.

Confidentiality

Your information will be kept confidential unless you authorize its release for legal action or pattern documentation.

CSA AMERICAN NATIONAL-ORIGIN STATUS FORM

1. PERSONAL INFORMATION

Full Legal Name: _____

Date of Birth: ____ / ____ / _____

Current Address: _____

Phone: _____

Email: _____

2. PATHWAY(S) TO CSA AMERICAN IDENTITY

(Check all that apply)

A. ANCESTRY BY GEOGRAPHIC ORIGINS (PRIMARY QUALIFIER)

My ancestors lived in the territory of the Confederate States of America (1861–1865) in one or more of the following states:

Alabama

Arkansas

Florida

Georgia

Louisiana

Mississippi

North Carolina

South Carolina

Tennessee

Texas

Virginia

Confederate-claimed regions of Missouri or Kentucky

Indian Territory (Cherokee, Choctaw, Chickasaw, Creek, Seminole)

Town(s) / county(ies) where my ancestors lived (if known):

B. ANCESTRY BY CONFEDERATE MILITARY SERVICE (SUPPLEMENTAL QUALIFIER)

(Optional but strengthens national-origin standing)

I am descended from one or more veterans who served in the military or naval forces of the CSA.

Ancestor Name: _____

Unit / Regiment (if known): _____

State: _____

My relation to this ancestor: _____

(Attach genealogy notes if available.)

C. CULTURAL OR HERITAGE IDENTIFICATION

I identify as a CSA American / Confederate American based on:

Family traditions

- Community heritage
- Cultural practices
- Ancestral stories
- Participation in Southern/Confederate heritage groups
- Preservation of Confederate graves, monuments, or artifacts
- Other (describe): _____

D. PERCEIVED IDENTITY (ALSO COVERED BY CIVIL RIGHTS LAW)

I have been perceived by others as a CSA/Confederate-descended person and treated differently because of:

- Display of Confederate symbols
- Public defense of Confederate heritage
- Participation in SIA, SCV, UDC, reenacting, etc.
- Known ancestry or family history
- Appearance, accent, or cultural markers
- Social media posts
- Other: _____

3. FAMILY HISTORY STATEMENT

In the space below, describe briefly what you know about your Confederate-era ancestors or family origins in the CSA states:

(Attach additional pages if desired.)

4. OPTIONAL: CULTURAL IDENTITY STATEMENT

Describe how your CSA ancestry or heritage influences your cultural identity today (optional but helpful):

5. CONSENT FOR USE OF INFORMATION

Please choose one:

Full Authorization: SIA may use my name and information in legal filings, affidavits, or public advocacy if needed.

Limited Authorization: SIA may use my information anonymized for legal pattern analysis or statistics.

Confidential Only: My information may be kept on file but not used without my explicit permission.

6. SIGNATURE

I affirm that the statements in this form are true to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: ____ / ____ / _____

7. FOR NOTARY (OPTIONAL BUT RECOMMENDED)

State of _____

County of _____

Subscribed and sworn before me on this ____ day of _____, 20.

Notary Signature: _____

My Commission Expires: _____

Seal: _____