

# CEMETERY RESOURCE SURVEY FORM

Resource Number

**1. Cemetery Identification**

County	City		
Current Name	Historic Name		
Address			
Owner/Address			
Ownership			
<input type="checkbox"/> Private-profit	<input type="checkbox"/> City	<input type="checkbox"/> Federal	<input type="checkbox"/> Unknown
<input type="checkbox"/> Private-nonprofit	<input type="checkbox"/> County	<input type="checkbox"/> Native American	
<input type="checkbox"/> Private-individual	<input type="checkbox"/> State	<input type="checkbox"/> Foreign	
Photo data:			
Update to previous survey? <input type="checkbox"/> Previous survey information:			
Date(s)		Recorder name(s)	
Location of survey data			

**2. Interred Information**

Name <i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>		
Dates <i>(Date of Birth)</i>	<i>(Date of Death)</i>	<i>(Other)</i>		
Inscription <i>(include also full name, DOB/DOD for additional interred listed on resource)</i>				
Carving condition <i>(check all that apply)</i>				
<input type="checkbox"/> Mint	<input type="checkbox"/> Legible	<input type="checkbox"/> Illegible	<input type="checkbox"/> Trace	<input type="checkbox"/> Underground
<input type="checkbox"/> Not applicable				
Carving surface <i>(check all that apply)</i>				
<input type="checkbox"/> Back	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Top	
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Other <i>(describe):</i>			

**3. Marker/Resource**

Marker Type *(check all that apply)*

<input type="checkbox"/> Bedstone <i>(pillow on slab)</i>	<input type="checkbox"/> Grave depression	<input type="checkbox"/> Pillow
<input type="checkbox"/> Bronze sculpture	<input type="checkbox"/> Ground tablet	<input type="checkbox"/> Plot surround
<input type="checkbox"/> Cradle	<input type="checkbox"/> Headstone	<input type="checkbox"/> Slab
<input type="checkbox"/> Family	<input type="checkbox"/> Headstone on base	<input type="checkbox"/> Tab in base
<input type="checkbox"/> Footstone	<input type="checkbox"/> Mausoleum	<input type="checkbox"/> Vertical tablet
<input type="checkbox"/> Funeral plaque	<input type="checkbox"/> Obelisk	<input type="checkbox"/> None
<input type="checkbox"/> Other <i>(describe):</i>		

**CEMETERY RESOURCE SURVEY FORM**Marker subtype *(check all that apply)*

- Manufactured
- Vernacular
- Both *(combination of manufactured and vernacular)*

## Materials

- Brick       Granite       Metal       Wood
- Concrete       Marble       Sandstone       Not applicable
- Other *(describe):*

Material finish *(check all that apply)*

- Aggregates       Painted       Rusticated       White washed
- Honed       Polished       Tiled       Not applicable
- Other *(describe):*

Material color *(check all that apply)*

- Black       Green       Pink       Red       Yellow
- Blue       Grey       Purple       White
- Not applicable
- Other *(describe):*

Associations *(check all that apply)*

- Christian       Military
- Jewish       Order of the Eastern Star
- Independent Order of Odd Fellows       Woodmen of World
- Maker's Mark       Not applicable
- Masonic
- Other *(describe):*

Iconography *(check all that apply)*

- Angel       Lamb       Praying hands       Urn (draped)
- Bible       Leaf       Rose       Vine
- Book       Lily       Shell(s)       Wheat
- Bow       Masonic       Star of David       Wings
- Cherub       Military       Torch       Woodmen of World
- Cross       Open gates       Tree       Not applicable
- Feather       Other hands       Tree stump
- Flower       Pointing hands       Urn
- Other *(describe):*

**CEMETERY RESOURCE SURVEY FORM**

Dimensions (*length x width x height in inches*):

Footprint (*length x width at ground level in inches*):

Overall height (*in inches*):

Orientation (*which way does the resource face? Check all that apply*)

North       South       East       West       Not applicable

Other (*describe*):

**4. Other**

Marker condition (*Describe the general condition of the resource. Conditions observed may include: biological growth [lichens, mold, mildew], blistered, broken, chipped, collapsed [multiple pieces fallen or separated], cracked, delamination, displacement [not in its apparent original location], efflorescence, fallen, flaked, graffiti, leaning, missing elements, open mortar joints, soiled, sugared, sunken, vegetation [vines, weeds]. Describe the appearance if the terminology is unknown or consult the ICOMOS "Illustrated Glossary on Stone Deterioration Patterns," [https://www.icomos.org/publications/monuments\\_and\\_sites/15/pdf/Monuments\\_and\\_Sites\\_15\\_ISCS\\_Glossary\\_Stone.pdf](https://www.icomos.org/publications/monuments_and_sites/15/pdf/Monuments_and_Sites_15_ISCS_Glossary_Stone.pdf)*)

General notes (*Describe any other features of the resource and its immediate area. This may include the presence of intentional plantings, offerings, or similar funerary objects. It may also include notes on unknown iconography, associations, or conditions as necessary. Include any additional information not provided for elsewhere on this form.*)

**6. Informant and Recorder Information**

Local informant (*name and contact information*):

Recorder information

Date Recorded

Name

Phone

Affiliation

Email

Address

**Required Attachments**

1. **PHOTOCOPY OF USGS MAP WITH BOUNDARIES CLEARLY MARKED** (one per collective survey)
2. **MARKER LOCATIONS MAP - Identifies markers with unique ID number and provides location** (can be a general sketch if no map is available, one per collective survey)
3. **PHOTOGRAPHS [DIGITAL (JPEG or TIF) AND HARD COPY FORMAT]** Printed on plain paper is acceptable. Helpful photos include the front view of the resource, conditions, unusual features/markings, and context/orientation photograph.