

**HISTORIC CEMETERY PLOT AND MARKER SURVEY**

**CEMETERY PLOT & MONUMENT FEATURE SURVEY**

<b>Site:</b>	<b>Surveyor(s):</b>	<b>Date:</b>
<b>Weather:</b> Temperature:_____ Humidity:_____ <input type="checkbox"/> Sunny <input type="checkbox"/> Rain/snow/fog <input type="checkbox"/> Overcast <input type="checkbox"/> Sunny & windy <input type="checkbox"/> Rain/snow/fog & windy <input type="checkbox"/> Overcast & windy		

**I. IDENTIFICATION** (*Fill in blanks as instructed*)

<b>CEM_ID:</b>	<b>Monument Plot ID#:</b>
<b>FeatureID:</b> <input type="checkbox"/> Pri. Monument_____ <input type="checkbox"/> Base_____ <input type="checkbox"/> Footstone_____	
<input type="checkbox"/> Other_____ <input type="checkbox"/> Fragments_____ <input type="checkbox"/> Enclosure_____ <input type="checkbox"/> Sculpture_____	
<b>Associated Monument Plot ID#</b>	<b>Comment:</b>
<b>Representation:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Society <input type="checkbox"/> Undeterminable	
<b>Name:</b> (blank, hidden, illegible, inscription)	<b>Footstone</b> (blank, hidden, illegible, inscription) / <b>Other:</b>
<b>First Death Date:</b>	<b>Last Death Date:</b> <b>No. of Insc:</b>
<b>Military Marker:</b>	
<b>Comments:</b>	

**II. ENVIRONMENT** (*Check appropriate fields.*)

<b>Orientation:</b> <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown
<b>Context:</b> <input type="checkbox"/> Isolated (4+ ft) <input type="checkbox"/> Contiguous (0-4 ft) <b>Precinct:</b> <input type="checkbox"/> Paved <input type="checkbox"/> Unpaved
<b>Plot Placement:</b> <input type="checkbox"/> In rows <input type="checkbox"/> By Topography <input type="checkbox"/> Along designed path <input type="checkbox"/> Random
<b>Grade Slope:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Cross-slope <input type="checkbox"/> None
<b>Exposure:</b> <input type="checkbox"/> Open <input type="checkbox"/> Encroaching Vegetation <input type="checkbox"/> Tree Overhang <input type="checkbox"/> EncVeg+TreeOH
<b>Plot Accessories:</b> <input type="checkbox"/> Bench <input type="checkbox"/> Sculpture <input type="checkbox"/> Container/Vase <input type="checkbox"/> Plaque <input type="checkbox"/> Votives <input type="checkbox"/> None
<b>Enclosure:</b> <input type="checkbox"/> Curb <input type="checkbox"/> Wall <input type="checkbox"/> Railing <input type="checkbox"/> Chain/Pipe <input type="checkbox"/> Boundary Blocks <input type="checkbox"/> Other <input type="checkbox"/> None
<b>Comments:</b>

**III. DESCRIPTION** (*Check appropriate fields.*)

<b>Primary Monument:</b> <input type="checkbox"/> Complete >75% <input type="checkbox"/> Incomplete <75% <input type="checkbox"/> Total Loss (broken at grade)	
Choose <u>one</u> type below to describe the mortuary feature. If Marker, indicate Form as well:	
<b>Marker Type:</b>	<b>Marker Form:</b> <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple
	<b>Simple:</b> <input type="checkbox"/> Headstone w/o Footstone <input type="checkbox"/> Headstone with Footstone <input type="checkbox"/> Footstone only <input type="checkbox"/> Block <input type="checkbox"/> Stele <input type="checkbox"/> Slab over Crypt
	<b>Compound:</b> <input type="checkbox"/> Headstone/Base <input type="checkbox"/> Headstone/Base w/ Footstone <input type="checkbox"/> Stele/Base <input type="checkbox"/> Table <input type="checkbox"/> Block on Base <input type="checkbox"/> Platform <input type="checkbox"/> Bedstead <input type="checkbox"/> Pyramid <input type="checkbox"/> Pedestal <input type="checkbox"/> Ped w/Obelisk <input type="checkbox"/> Ped w/Column <input type="checkbox"/> Ped w/Cross <input type="checkbox"/> Ped w/Other <input type="checkbox"/> Obelisk on base <input type="checkbox"/> Column on base <input type="checkbox"/> Cross on base <input type="checkbox"/> Other on base
<b>Cenotaph</b>	<input type="checkbox"/> Simple <input type="checkbox"/> Compound <b>Fragments:</b> <input type="checkbox"/> Fragments Only
<b>Tomb:</b>	<input type="checkbox"/> Wall Vault <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other
<b>Shaping:</b> <input type="checkbox"/> Shaped <input type="checkbox"/> Partly Shaped <input type="checkbox"/> Unshaped	<b>Dressed:</b> <input type="checkbox"/> Finished F/B <input type="checkbox"/> Finished F Only
<b>Architect/Carver:</b>	<b>Info from:</b> <input type="checkbox"/> Surveyed <input type="checkbox"/> Welch <input type="checkbox"/> G. Stone
<b>Add'l Marks:</b>	<b>Primary:</b> Width_____ Height_____ Depth_____
<b>Comments:</b>	<b>Base:</b> Width_____ Height_____ Depth_____
	<b>Footstone:</b> Width_____ Height_____ Depth_____
	<b>Other:</b>

## HISTORIC CEMETERY PLOT AND MARKER SURVEY

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### IV. MATERIALS *(Check or circle appropriate fields.)*

	<b>Primary Element</b>	<b>Base</b>	<b>Assoc. Footstone</b>	<b>Other</b>	<b>Ornament</b>
<b>MonID#</b>					
<b>Argillite</b>					
<b>Brick</b>					
<b>Bronze</b>					
<b>Cast Stone</b>					
<b>Concrete</b>					
<b>Fieldstone</b>					
<b>Granite-Black</b>					
<b>Granite-Gray</b>					
<b>Granite-Pink</b>					
<b>Greenstone</b>					
<b>Iron-Cast</b>					
<b>Iron-Galvanized</b>					
<b>Iron-Wrought/Rolled</b>					
<b>Lead</b>					
<b>Limestone</b>					
<b>Marble</b>					
<b>Sandstone-Blue/Gray</b>					
<b>Sandstone-Brown</b>					
<b>Sandstone-Red/Orange</b>					
<b>Sandstone-Tan</b>					
<b>Slate-Black</b>					
<b>Slate-Gray/Blue</b>					
<b>Slate-Green</b>					
<b>Slate-Purple/Red</b>					
<b>Wood</b>					
<b>Zinc</b>					
<b>Other</b>					
<b>Comments:</b>					

**HISTORIC CEMETERY PLOT AND MARKER SURVEY**

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**V. CONDITION** (Rate each occurrence 1 to 4, with 1 being just slightly evident, or 0 if not relevant or evident)

	<b>Primary Element</b>	<b>Base</b>	<b>Assoc. Footstone</b>	<b>Other</b>	<b>Ornament</b>
<b>MonID#</b>					
<b>Bedding Cracks</b>					
<b>Biogrowth</b>					
<b>Bowed</b>					
<b>Buried/Sunken</b>					
<b>Corrosion (metal)</b>					
<b>Cracked</b>					
<b>Detachment</b>					
<b>Detachment-Loss</b>					
<b>Disaggregation</b>					
<b>Dissassembled</b>					
<b>Dissassembled-Loss</b>					
<b>Erosion</b>					
<b>Exposed Foundation</b>					
<b>Failed Repair</b>					
<b>Flaking</b>					
<b>Fragmentation – No Loss</b>					
<b>Fragmentation - Loss</b>					
<b>Graffiti</b>					
<b>Loose</b>					
<b>Mower Abrasion</b>					
<b>Open Joint</b>					
<b>Soiling/Staining</b>					
<b>Spalling</b>					
<b>Tilted/Fallen</b>					
<b>Vegetation</b>					
<b>Other</b>					
<b>Note: Mandatory to fill in Legibility</b>					
<b>Legibility-Design</b>					
<b>Legibility-Inscription</b>					
<b>Condition Comments:</b>					

## HISTORIC CEMETERY PLOT AND MARKER SURVEY

### VI. Repairs (Check to indicate known or good evidence of existence)

	Primary Element	Base	Assoc. Footstone	Other	Ornament
<b>MonID#</b>					
<b>Abrasive Cleaning</b>					
<b>Apparent Soft Cleaning</b>					
<b>Basal Resetting</b>					
<b>Coatings</b>					
<b>Dutchman</b>					
<b>Mortar Fills</b>					
<b>Pinning</b>					
<b>Recarving</b>					
<b>Repair – Adhesive, Epoxy</b>					
<b>Repair – Hard Cement</b>					
<b>Repair – Soft Lime Based</b>					
<b>Repointing</b>					
<b>Other</b>					
<b>Comments:</b>					

### VII. Alterations (Check to indicate known or good evidence of existence)

	Primary Element	Base	Assoc. Footstone	Other	Ornament
<b>MonID#</b>					
<b>Alterations</b>					
<b>Replacement</b>					
<b>Enframements</b>					
<b>Mounting</b>					
<b>New Carving</b>					
<b>Relocation</b>					
<b>Shelters</b>					
<b>Removal</b>					
<b>Other</b>					
<b>Comments</b>					

### VIII. GENERAL COMMENTS (*Document inscription, add additional comments or sketches.*)

**References:**

## HISTORIC CEMETERY PLOT AND MARKER SURVEY

### COMPLEX GROUP & FAMILY PLOT SURVEY

<b>Site:</b>	<b>Surveyor(s):</b>	<b>Date:</b>
<b>Weather:</b> Temperature: _____ Humidity: _____ <input type="checkbox"/> Sunny <input type="checkbox"/> Rain/snow/fog <input type="checkbox"/> Overcast <input type="checkbox"/> Sunny & windy <input type="checkbox"/> Rain/snow/fog & windy <input type="checkbox"/> Overcast & windy		

#### I. IDENTIFICATION *(Fill in blanks as instructed)*

<b>CEM_ID:</b>	<b>Group Plot ID#:</b> GP_____ <i>(Incorporate predominant CemPlotID)</i>		
<i>(List all features in the group plot, using the numbers given to each as documented on their individual Survey Forms. A simple sketch will help you later identify the photographs.)</i>			
CemPlotID	Name	Death Date	Sketch
<b>Associated Monument Plot ID#</b>		<b>Comment:</b>	
<b>Representation:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Society <input type="checkbox"/> Undeterminable			
<b>First Death Year:</b>		<b>Last Death Year:</b>	
<b>Comments:</b>			

#### II. ENVIRONMENT *(Check appropriate fields.)*

<b>Orientation:</b> <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown	
<b>Context:</b> <input type="checkbox"/> Isolated (3+ ft) <input type="checkbox"/> Contiguous (0-3 ft)	<b>Precinct:</b> <input type="checkbox"/> Paved <input type="checkbox"/> Unpaved
<b>Plot Placement:</b> <input type="checkbox"/> In rows <input type="checkbox"/> By Topography <input type="checkbox"/> Along designed path <input type="checkbox"/> Random	
<b>Grade Slope:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Cross-slope <input type="checkbox"/> Mixed <input type="checkbox"/> None	
<b>Exposure:</b> <input type="checkbox"/> Open <input type="checkbox"/> Encroaching Vegetation <input type="checkbox"/> Tree Overhang <input type="checkbox"/> EncVeg+TreeOH	
<b>Plot Accessories:</b> <input type="checkbox"/> Bench <input type="checkbox"/> Sculpture <input type="checkbox"/> Container/Vase <input type="checkbox"/> Plaque <input type="checkbox"/> Votives <input type="checkbox"/> None	
<b>Enclosure:</b> <input type="checkbox"/> Curb <input type="checkbox"/> Wall <input type="checkbox"/> Railing <input type="checkbox"/> Chain/Pipe <input type="checkbox"/> Boundary Blocks <input type="checkbox"/> Other <input type="checkbox"/> None	
<b>Enclosure Material:</b> <i>(Choose from material list on the Plot Survey Form)</i> Material 1: _____ Material 2: _____	<b>Enclosure Condition:</b> <i>(Rate each occurrence 1 to 4, with 1 being just slightly evident, or 0 if not relevant or evident)</i> Rating: _____
<b>Landscape Issues:</b> <i>(Comment on landscape issues, overgrown trees, brush, ground erosion)</i>	
<b>Comments:</b>	

HISTORIC CEMETERY PLOT AND MARKER SURVEY

FRAGMENT AND REMOVAL SURVEY

Site:	Surveyor(s):	Date:

**SURVEY DETAILS** *(Fill in blanks as instructed)*

<b>CEM_ID:</b>	<b>Monument Plot ID#:</b>	<b>Fragment ID#:</b>		
<b>Fragment Origin:</b>	<input type="checkbox"/> Primary Monument	<input type="checkbox"/> Footstone	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
<b>Origin Comments:</b>				
<b>Cause of detachment, if discernable:</b>				
<b>Dimension of fragment (inches):</b>				
<b>Material:</b>		<b>Conditions evident on the fragment:</b>		
<b>Visible Inscription:</b>		<b>Visible Design:</b>		
<b>Storage Box:</b>		<b>Storage Location:</b>		
<b>Comments:</b>				

**Sketch if appropriate:**

## HISTORIC CEMETERY PLOT AND MARKER SURVEY

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### FRAGMENT AND REMOVAL SURVEY

**Site, Surveyor(s), CEM\_ID, Monument Plot ID# and Grid:**

*Use the Definitions and Methods described in the Monument Survey Manual.*

**Fragment ID#:**

*Definition:* A unique number that identifies each fragment associated with a Monument Plot ID#.

*Method:* Transfer the sequential numbers indicated on the Monument Plot Survey form.

**Fragment origin:**

*Definition:* The monument feature to which the fragment belongs, if discernable.

*Method:* Check those that apply:

**Origin comments:**

*Definition:* Further clarification of the origin of the fragment.

*Method:* Check which monument feature the fragment most likely came from, if discernable.

**Cause of detachment, if discernible:**

*Definition:* The known or attributed cause of damage.

*Method:* If discernible, note the cause.

**Dimension of fragment (in):**

*Definition:* The maximum height, width and depth of the fragment.

*Method:* Note the dimensions in inches.

**Material and Conditions:**

*Use the definitions and methods from the Survey Manual. List major conditions only.*

**Visible Inscription:**

*Definition:* Any original lettering still visible on the fragment.

*Method:* Note each letter (in the given language) visible on the fragment. Use brackets to indicate any letters that are not certain.

**Visible Design:**

*Definition:* Original decoration still visible on the fragment

*Method:* Briefly describe visible decoration.

**Storage Box & Location:**

*Definition:* Fragment storage boxes are usually lined with closed cell, inert polyethylene foam.

*Method:* Note the box number used for storage.

*Method:* Note the off-site location.

**Comments:**

*Definition:* Record comments regarding any condition or storage issues not otherwise accounted for within the survey. Provide a sketch if appropriate.

*Method:* Write concise and clear comments in recognized terminology for cemetery architecture and conditions. Use the space below for sketches, if appropriate.