

NATIONAL ORGANIZATION  
SONS OF UNION VETERANS OF THE CIVIL WAR

CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

- Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
- Do not guess at the information. An answer of, "Unknown," is more helpful.
- Include a photograph of each viewable side and label it with name & direction of view.

- Thank You.

Type of Memorial

- Monument *with* Sculpture                      \_\_\_ Monument with *Cannon*  
 \_\_\_ Monument *without* Sculpture                      \_\_\_ Historical Marker                      \_\_\_ Plaque

Affiliation

- \_\_\_ G.A.R. (Post Name & No. \_\_\_\_\_)                      \_\_\_ M.O.L.L.U.S.  
 \_\_\_ W.R.C. (Corps Name & No. \_\_\_\_\_)                      \_\_\_ Other Allied Order  
 \_\_\_ SUVCW (Camp Name & No. \_\_\_\_\_)                      (Please describe below)  
 \_\_\_ DUVCW (Tent Name & No. \_\_\_\_\_)  
 \_\_\_ Other: \_\_\_\_\_

Original Dedication Date 4 July 1887 Please consult any/all newspaper archives for a local paper's article that would have information on the *first* dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

The Memorial is *currently* located at: KENNEDY PLAZA  
 Street/Road address or site location \_\_\_\_\_  
 City/Village PROVIDENCE Township \_\_\_\_\_ County \_\_\_\_\_

The front of the Memorial faces: \_\_\_ North \_\_\_ South \_\_\_ East \_\_\_ West

Government Body, Agency, or Individual Owner (of private cemetery that Memorial is located in)...

Name \_\_\_\_\_ Dept./Div. \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

If the Memorial has been moved, please list former location(s)...

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical Details

Material of Monument or base under a Sculpture or Cannon =  Stone \_\_\_ Concrete \_\_\_ Metal \_\_\_ Undetermined  
 If known, name specific material (color of granite, marble, etc.) \_\_\_\_\_

Material of the Sculpture = \_\_\_ Stone \_\_\_ Concrete  Metal \_\_\_ Undetermined  
 If known, name specific material (color of granite, marble, etc.) \_\_\_\_\_  
 If the Sculpture is of metal, is it solid cast or "hollow?" \_\_\_\_\_

Material of Plaque or Historical Marker / Tablet = \_\_\_\_\_

Material of Cannon = \_\_\_ Bronze \_\_\_ Iron - Consult known Ordnance Listing to confirm  
 Markings on muzzle = \_\_\_\_\_  
 Markings on Left Trunion \_\_\_\_\_ Right Trunion \_\_\_\_\_  
 Is inert ammunition a part of the Memorial? \_\_\_ If so, describe \_\_\_\_\_

**Approximate Dimensions** (indicate unit of measure) - taken from tallest / widest points  
 Monument or Base: Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ or Diameter \_\_\_\_\_  
 Sculpture: Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ or Diameter \_\_\_\_\_

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!

**Markings/Inscriptions** (on stone-work / metal-work of monument, base, sculpture)

Maker or Fabricator mark / name? If so, give name & location found \_\_\_\_\_  
 \_\_\_\_\_  
 BURNSIDE

The "Dedication Text" is formed: \_\_\_ cut into material \_\_\_ raised up from material face

Record the text (indicate any separation if on different sides...) Please use additional sheet if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Environmental Setting**

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

**Type of Location**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cemetery           | <input type="checkbox"/> Park           | <input checked="" type="checkbox"/> Plaza/Courtyard |
| <input type="checkbox"/> "Town Square"      | <input type="checkbox"/> Post Office    | <input type="checkbox"/> School                     |
| <input type="checkbox"/> Municipal Building | <input type="checkbox"/> State Capitol  | Other: _____  |
| <input type="checkbox"/> Courthouse         | <input type="checkbox"/> College Campus | _____   |
| <input type="checkbox"/> Traffic Circle     | <input type="checkbox"/> Library        | _____   |

**General Vicinity**

Rural (low population, open land)  
 Town

Suburban (residential, near city)  
 Urban / Metropolitan

**Immediate Locale** (check as many as may apply)

Industrial  Commercial  
 Street/Roadside within 20 feet  Tree Covered (overhanging branches)  
 Protected from the elements (canopy or enclosure, indoors)  
 Protected from the public (fence or other barrier)  
 Any other significant environmental factor \_\_\_\_\_

**Condition Information**

**Structural Condition** (check as many as may apply)

The following section applies to Monuments *with* Sculpture, and Monuments without Sculpture - including the base for Monuments with *Cannon*. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

	<b>Sculpture</b>	<b>Base</b>
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)	___	___
Any evidence of structural instability? (look for cracked joints, missing mortar or caulking or plant growth)	___	___
Any broken or missing parts? (look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	___	___
Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material)	___	___

**Surface Appearance** (check as many as may apply)

	<b>Sculpture</b>	<b>Base</b>
Black crusting	___	___
White crusting	___	___
Etched, pitted, or otherwise corroded (on metal)	___	___
Metallic staining (run-off from copper, iron, etc.)	___	___
Organic growth (moss, algae, lichen or vines)	___	___
Chalky or powdery stone	___	___
Granular eroding of stone	___	___
Spalling of stone (surface splitting off)	___	___
Droppings (bird, animal, insect remains)	___	___
Other (e.g., spray paint graffiti) - Please describe...	___	___

Does water collect in recessed areas of the Memorial?  Yes  No  Unable to tell

**Surface Coating**

Does there appear to be a coating?  Yes  No  Unable to determine

If known, identify type of coating.

Gilded  Painted  Varnished  Waxed  Unable to determine

Is the coating in good condition?  Yes  No  Unable to determine

**Basic Surface Condition Assessment (check one)**

In your opinion, what is the general appearance or condition of the Memorial?

Well maintained  Would benefit from treatment  In urgent need of treatment  Unable to determine

**Overall Description**

Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on) .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplemental Background Information**

In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Thank you.

**Inspector Identification**

Date of On-site Survey 25 FEB 00

Your Name DONALD R. BABIEL

Address 18 SIDNEY ST

City W. WARWICK

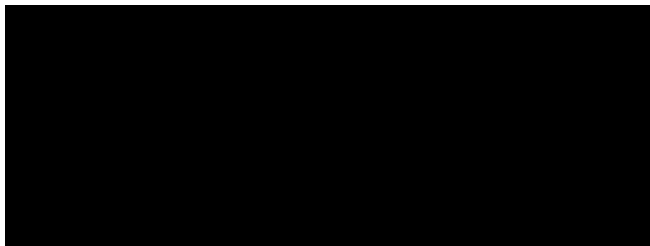
State RI

Zip Code 02893

Telephone



Please send this completed form to:



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR  
National Civil War Memorials Committee

