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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. WRC F.A. Marden Post No. 104) Other Allied Order SUVCW (Camp Name & No. _____) (Please describe below) DUVCW (Tent Name & No. _____) Other: _____

Original Dedication Date _____ 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.

LocationThe Memorial is *currently* located at:Street/Road address or site location Wisconsin Veterans Home Hwy QCity/Village Waupaca Township Farmington County WaupacaThe 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 DetailsMaterial 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 = stained glass

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 3 foot Width 2 foot Depth 1/4 inch 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 _____

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.

Womans Relief Corps 1888

Environmental Setting

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

Type of Location

Cemetery

"Town Square"

Municipal Building

Courthouse

Traffic Circle

Park

Post Office

State Capitol

College Campus

Library

Plaza/Courtyard

School

Other: chapel

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) .

condition is extremely good

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 5/31/2007
Your Name Kim J. Heltemes
Address W2570 Archer Ave City Pine River
State WI Zip Code 54965 Telephone ()

Please send this completed form to:

Todd A. Shillington, PDC



Thank you for your help, and attention to detail.

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

