

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

Stained Glass

Monument *with* Sculpture
 Monument *without* Sculpture

Monument with *Cannon*
 Historical Marker Plaque

Affiliation

~~XX~~ 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 _____ 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:
 Street/Road address or site location 49 Wis Dells Parkway S.
 City/Village Lake Delton Township _____ County Sauk

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.) stained glass

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 7 foot Width 4 foot 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 _____

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.

GAR

Environmental Setting

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

Type of Location

- | | | |
|------------------------|--------------------|--------------------------|
| ___ Cemetery | ___ Park | ___ Plaza/Courtyard |
| ___ "Town Square" | ___ Post Office | ___ School |
| ___ Municipal Building | ___ State Capitol | Other: <u>old church</u> |
| ___ Courthouse | ___ College Campus | _____ |
| ___ Traffic Circle | ___ Library | _____ |

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 June 10, 2007

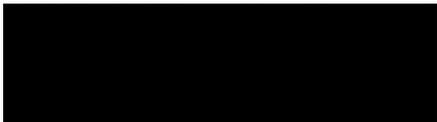
Your Name Kim J. Holtemes

Address W2570 Archer Ave City Pine River

State WI Zip Code 54965 Telephone [REDACTED]

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

