

NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM

PLEASE:

1. Type or print, using a ball-point pen, when filling out this form. Legibility is critical.
2. 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
 Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Affiliation

- G.A.R. (Post Name & No. _____) _____ M.O.L.L.U.S.
 _____ SUVCW (Camp Name & No. _____) (Please describe below)
 _____ WRC (Corps Name & No. _____)
 _____ ASUVCW (Aux Name & No. _____)
 _____ DUVCW (Tent Name & No. _____)
 _____ LGAR (Circle Name & No. _____)
 Other All Civil War Veterans

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 County Court House Square
 City/Village Cortland Township _____ County Cortland
 State New York

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.) Granite

SUVCW -- CIVIL WAR

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 = Raised Granite

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 _____

See Pictures

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.

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 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 checked="" type="checkbox"/> Courthouse | <input type="checkbox"/> College Campus | _____ |
| <input type="checkbox"/> Traffic Circle | <input type="checkbox"/> Library | _____ |

Surface CoatingDoes there appear to be a coating? ___ Yes ___ No X Unable to determine

If known, identify type of coating.

 Gilded Painted Varnished Waxed X 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? X 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) .

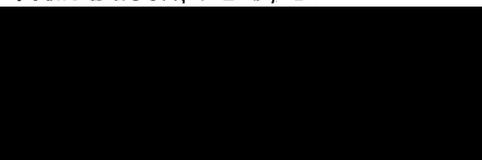
See Picture**Supplemental Background Information**

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 IdentificationDate of On-site Survey March 12016Your Name Douglas DewelAddress 1658 Merihew Road City MarathonState NY Zip Code 13803 Telephone () What Order or Organization is submitter a member of? SUVCW

Please send this completed form to

Walt Busch, PDC, Chair

Thank you for your help, and attention to detail. **SONS OF UNION V****CIVIL WAR VETERANS OF THE National Civil War Memorials Committee**

