

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 Town Square E.Main Street  
 City/Village Marathon Township Marathon 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 Marathon Town Square

Dept./Div. \_\_\_\_\_

Street Address E.Main Street Marathon City  
 \_\_\_\_\_ State NY Zip Code 13803 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.) \_\_\_\_\_

#### SUVCW -- CIVIL WAR

Material of the Sculpture =   x   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 =   Stone engraved  

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 \_\_\_\_\_

<sup>See picture</sup>  
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 \_\_\_\_\_  
  COMRADES  

The "Dedication Text" is formed: \_\_\_ cut into material   x   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

- Cemetery
- "Town Square"
- Municipal Building
- Courthouse
- Traffic Circle

- Park
- Post Office
- State Capitol
- College Campus
- Library

- Plaza/Courtyard
- School
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**Surface Coating**

Does 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 X 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) .

\_\_\_\_\_  
Monument in good condition  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 March 2016

Your Name Douglas Deuel

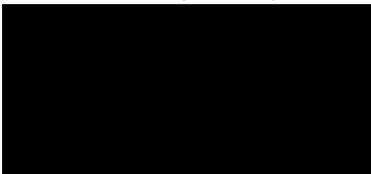
Address 1658 Merihew Road City Marathon

State 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**

