

#### 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.

#### Type of Memorial

#### - Thank You.

Monu	ment <i>with</i> Sculpture ment <u>without</u> Sculpture	Monument with Ca Historical Marker	annon Plaque
Affiliatio	<u>n</u> a state and a state of the		
G.A.R.	(Post Name & No		M.O.L.L.U.S.
W.R.C.	(Corps Name & No.	)	Other Allied Order

W.R.C. (Corps Name & No	)Other Allied Order
SUVCW (Camp Name & No	) (Please describe below)
DUVCW (Tent Name & No	
Other:	er ser en

**Original Dedication Date** 1897 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 <i>currently</i> located at:		
Street/Road address or site location FLK	COUNTY COURTHOUSE	
City/Village RIDGWAY, PA Township	County	2
The front of the Memorial faces: North	South East	West
Government Body, Agency, or Individual Owner (	of private cemetery that Memorial is lo	ocated in)
Name ELK COUNTY COURTHOUSE	Dept./Div. <u>GROUNDS</u>	
Street Address		
011 0 0 0 0 0	01-1- 34 7: 0-1-	

City RIDG-WAY	State PA	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 = <u>Stone</u> Concrete Metal Undetermined If known, name specific material (color of granite, marble, etc.) <u>LIMESTONE</u>

Material of the Sculpture = StoneConcrete 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 = $\frac{#304, 1864, 4150, w.P.F.}{Markings on Left Trunion}$ 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   Sculpture: Height
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: $\underline{X}$ cut into material $\underline{\ }$ raised up from material face
Record the text (indicate any separation if on different sides) Please use additional sheet if necessary.
*G.A.R." 1897
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
Oth	er:

#### Surface Coating

Does there appear to be a coating?	Yes No	Unable to determine
If known, identify type of coating.		
Gilded X Painted Varnish	ed Waxed	Unable to determine
Is the coating in good condition?Ye	s 📈 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) .

		COURTHOUSE

## **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 UNKNOWN -INF	O GIVEN IN MAIL
Your Name Doub ARMSTRONG-	
Address 3481 PARKWOOD DR	City DeWitt
State <u>M</u> Zip Code <u>48820</u>	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



