

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 without Sculpture
- Other (flag pole, G.A.R. buildings, stained glass windows, etc.)
- Monument with Cannon
- * Historical Marker
- Plaque

Affiliation

- G.A.R. (Post Name & No. _____) M.O.L.L.U.S
- SUVCW (Camp Name & No. Col. David L. Stricker Camp # 64 _____) (Please describe below)
- WRC (Corps Name & No. _____)
- ASUVCW (Aux Name & No. _____)
- DUVCW (Tent Name & No. _____)
- LGAR (Circle Name & No. _____)
- Other * _____

Original Dedication Date 2000 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 Taneytown Rd. Gettysburg, Pa.
City/Village Gettysburg Township _____ County Adams
State Pa.

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 NPS
Dept./Div. _____
Street Address _____ City _____
Gettysburg 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 = * Stone Concrete Metal Undetermined If known, name specific material (color of granite, marble, etc.) _____

SUVCW -- CIVIL WAR

Material of the Sculpture = * Stone Concrete Metal Undetermined
 If known, name specific material (color of granite, marble, etc.) Gray marble
 If the Sculpture is of metal, is it solid cast or "hollow?" solid

Material of Plaque or Historical Marker / Tablet = Bronze

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 ^{8"} _____ Width ^{6"} _____ Depth ^{2'} _____ 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.

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

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 Oct 8, 2016

Your Name John Barr

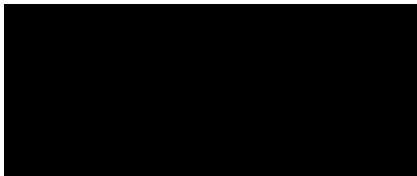
Address 19 Lochview Dr City Bear

State De Zip Code 19701 Telephone () _____

What Order or Organization is submitter a member of? 2nd Delaware

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