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

CONCRETE OF TAXABLE PARTY.	Monument	with	Sculpture	Monument with Cannon	
	Monument			Historical Marker	Plaque

Affiliation

G.A.R. (Post Name & No)M.O.L.L.U.S.
) Other Allied Order
X SLVCW (Camp Name & No. GA, Custon Camp # 1 (Please describe below)
DUVCW (Tent Name & No)
X Other: CHICAGO Light Antilly 1st ILL BAT A
DUVCW (Tent Name & No) X Other: CHICAGO CLEATT AND ISTILL BAT A Original Dedication Date 1874 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 <u>Rose Hill Carve</u> type City/Village <u>Ctrices</u> Township County <u>Conk</u>
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 Roschill Comatory Dept./Div. Street Address Sam N. Raviews wood
City CHicano State / Zip Code 60660
City <u>CHICAUS</u> Contact Person <u>Report the Kourra</u> Telephone (773) <u>561 - 5940</u>
If the Memorial has been moved, please list former location(s)

Physical Details

Material of Monument or base under a Sculpture or Cannon = X Stone ____ Concrete ____ Metal ___ Undetermined If known, name specific material (color of granite, marble, etc.) _______

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Material of the Sculpture = X Stone _	Concrete	Metal	Undetermined
If known, name specific material (color of gran	ite, marble, etc	.) INDIANA	Limestano
If the Sculpture is of metal, is it solid cast of	or "hollow?"	and the state of the	

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? ______

 Approximate Dimensions (indicate unit of measure) - taken from tallest / widest points

 Monument or Base:
 Height 36
 Width _____ Depth _____ or Diameter /08

 Sculpture:
 Height 60
 Width 96
 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.

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:

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General Vicinity Rural (low population, open land) Town	Suburban (residential, near city) Urban / Metropolitan
Immediate Locale (check as many as may ap Industrial Street/Roadside within 20 feet Protected from the elements (canopy or e Protected from the public (fence or other to Any other significant environmental factor	Commercial _X Tree Covered (overhanging branches) nclosure, indoors) parrier)

Condition Information

Structural Condition (check as many as may apply)

The following section applies to Monuments with Sculpture, and Monuments without Sculpture including the base for Monuments with Cannon. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

	Sculpture	Base
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)		
Any evidence of structural instability?	×	\times
(look for cracked joints, missing mortar or caulking or plant growth) Any broken or missing parts?	×	
 (look for elements (i.e., sword, musket, hands, arms, etc missing due to vandalism, fluctuating weather conditions, etc.) Any cracks, splits, breaks or holes? (also look for signs of uneven stress & weakness in the material) 	2	\succ
Surface Appearance (check as many as may apply)	Sculpture	Base
Black crusting		
White crusting		
Etched, pitted, or otherwise corroded (on metal)		-
Metallic staining (run-off from copper, iron, etc.)		
Organic growth (moss, algae, lichen or vines)		
Chalky or powdery stone		
Granular eroding of stone	×	
Spalling of stone (surface splitting off)	X	
Droppings (bird animal, insect remains)		
Other (e.g., spray paint graffiti) - Please describe		
		a characterization of the second

Does water collect in recessed areas of the Memorial? _/ Yes ___ No ___ Unable to tell

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Surface Coating

Does there ap	pear to be a coatin	g?Yes	X No	Unable to determine
If known, ident	ify type of coating.			
Gilded	Painted	Varnished	Waxed	Unable to determine
Is the coating i	n 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

FINE S	SCULPTUR	E CREA	TEO	OVLY	9 Y	FARS	S AF	rere	THE	WAR
										PRODUCES
										METERY
OF AN	ADDITT	ONAL SI	4.00	٥.	TOT	al s	cos	- 04	RE	STORATION

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 FEB 19, 2005			
Your Name STYARS STEFANY, SV	C DEPT	UF ILLINOIS	
Address 621 HICKORY ST		City WAVKEGAN	
State 1L Zip Code 600 85	Telephone		
Please send this completed form to:			

Please send this completed form to:

Todd A. Shillington, PCC

Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR National Civil War Memorials Committee

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