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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

Monument *with* Sculpture Monument with Cannon
 Monument *without* Sculpture Historical Marker Plaque

Affiliation

G.A.R. (Post Name & No. 74 Gen. GEORGE HARTSHOFF) M.O.L.L.U.S.
 W.R.C. (Corps Name & No. _____) Other Allied Order
 SUVCW (Camp Name & No. _____) (Please describe below)
 DUVCW (Tent Name & No. _____)
 Other: _____

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: Memorial Library
 Street/Road address or site location Union Street
 City/Village Rockland Township _____ County Plymouth

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 Town of Rockland Dept./Div. _____
 Street Address Rockland Town Office
 City Rockland State MA Zip Code 02370
 Contact Person Janet Husband 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.) _____

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 = Bronze Tablets

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 _____

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.

Listed on the TABLETS, LOCATED INSIDE THE TUNDRA OF THE LIBRARY, ARE 330 NAMES OF EVERY SOLDIER WHO SERVED FROM EAST ABERISTON, (NOW KNOWN AS ROCKLAND)

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 checked="" type="checkbox"/> Library | _____ |

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

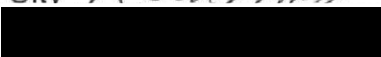
Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on).

The Library is maintained by The Town & kept in 100% condition.

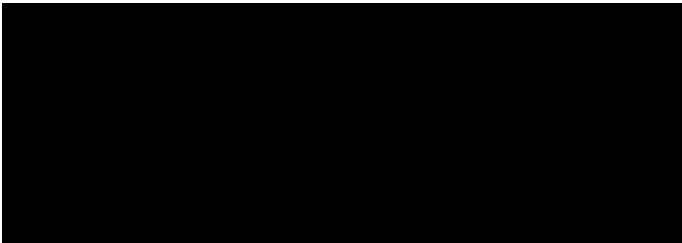
Supplemental Background Information

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 *11/13/98*
Your Name *PASTOR CAROL A. DEAN SACKETT*
Address *83 CONCORD ST* City *ROCKLAND*
State *MA* Zip Code *02370* 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