PAGE 1 OF 4

FORM CWM #61

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.
- Ν.

 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 — Historical Marker — Plaque
Affiliation ✓ G.A.R. (Post Name & No. #3/4 Cornwell) — W.R.C. (Corps Name & No) Other Allied Order _ SUVCW (Camp Name & No) (Please describe below) _ DUVCW (Tent Name & No) Other:
Other: Original Dedication Date Graph Please consult any/all newspaper archives for a local paper's article that would have information on the <i>first</i> 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.
The Memorial is currently located at: Street/Road address or site location
City Selvidere Contact Person Dan KANE Contact Person Cont
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.)Concrete Metal Undetermined

The state of the s	burban (residential, ne ban / Metropolitan	ear city)
Immediate Locale (check as many as may apply) Industrial Commercial /Street/Roadside within 20 feet/ Tree Covered (composed from the elements (canopy or enclosure, independent of the public (fence or other barrier) Any other significant environmental factor	oors)	
Condition Information		
Structural Condition (check as many as may apply) The following section applies to Monuments <i>with</i> Sculpture, and M including the base for Monuments with <i>Cannon</i> . Instability in the by a number of factors. Indicators may be obvious or subtle. base.	sculpture and its base ca	n be detected
	Sculpture	Base
If hollow, is the internal support unstable/exposed? (look for signs of exterior rust)	//	
Any evidence of structural instability? (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)		
Surface Appearance (check as many as may apply)		_
Black crusting	Sculpture	Base
White crusting		
Etched, pitted, or otherwise corroded (on metal) Metallic staining (run-off from copper, iron, etc.)	Name of the last o	_
Organic growth (moss, algae, lichen or vines)	-	
Chalky or powdery stone Granular eroding of stone		
Spalling of stone (surface splitting off)	-	
Droppings (bird, animal, insect remains) Other (e.g., spray paint graffiti) - Please describe		(Section 2011)
Does water collect in recessed areas of the Memorial?	Yes No U	nable to tell

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). Pyramod of Concrete topped with antilley shell + Eagle. Placeurs on each side List was sead from Civil was to kerean wor. Front of Manual Says "Lest we forget" wropped in a wreath of ouls Leaves
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 12-30-200 Your Name Gragery Carter Address 1408 265 Structs City Rockford State 16 Zip Code 6/108 Telephone
Please send this completed form to:
Kevin P. Tucker, PDC, Chair
Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War National Civil War Memorials Committee

