

# 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. Rochelle Post 546)                       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** 1895 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 518 4<sup>th</sup> Ave  
 City/Village Rochelle Township Flagg County Ozark

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 Flagg Twp Historical Museum Dept./Div. \_\_\_\_\_  
 Street Address 518 4<sup>th</sup> Avenue  
 City Rochelle State IL Zip Code 61063  
 Contact Person Becky Leithart Telephone (815) 562-3040

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.) Limestone Block

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 = \_\_\_\_\_

Material of Cannon =  Bronze  Iron - Consult known Ordnance Listing to confirm  
 Markings on muzzle = FPF 1864  
 Markings on Left Trunion X Right Trunion X  
 Is inert ammunition a part of the Memorial? NO If so, describe \_\_\_\_\_

**Approximate Dimensions** (indicate unit of measure) - taken from tallest / widest points  
 Monument or Base: Height 4' Width 4' Depth 5' 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.

WEST Face = G. A. R.  
EAST Face = 1861-1865  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 checked="" 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        | _____   |



**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).

50 - Pelt Rodman Gun on Stone Base.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Supplemental Background Information**

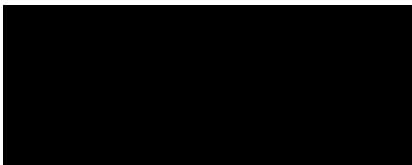
In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Thank you.

**Inspector Identification**

Date of On-site Survey 1-17-2010  
 Your Name Gregory Carter  
 Address 1408 26<sup>th</sup> St. City Rockford  
 State IL Zip Code 61108 Telephone (                      )

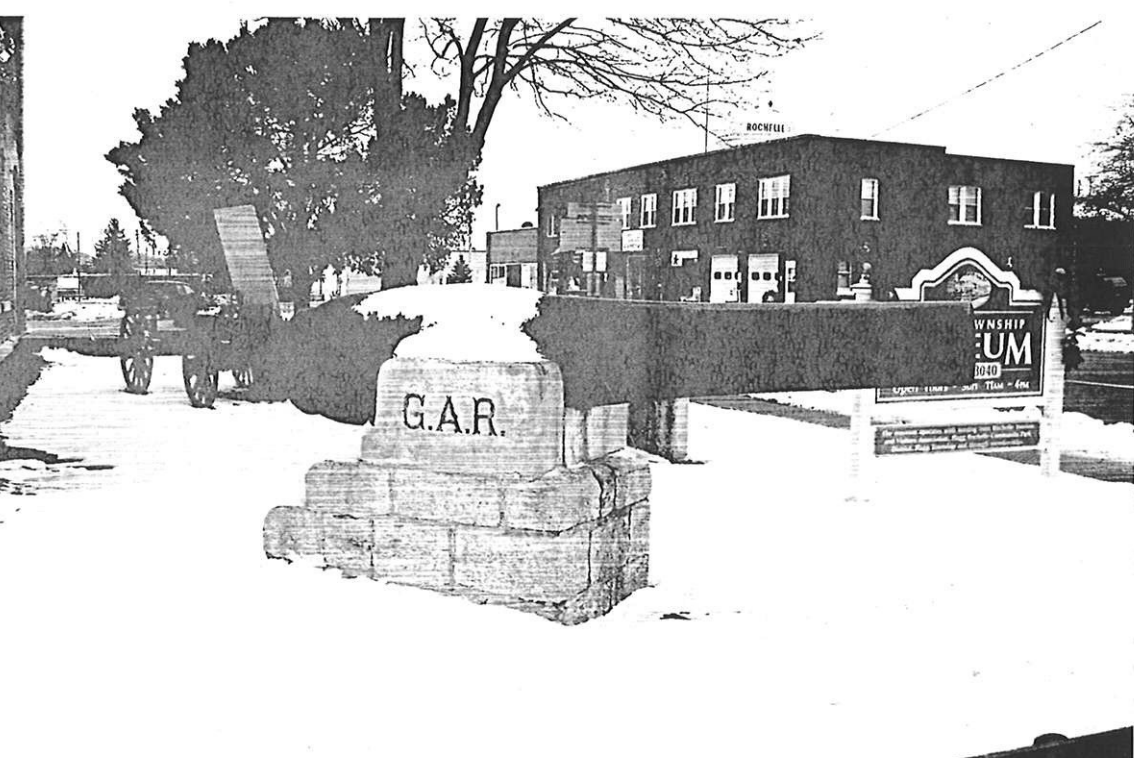
Please send this completed form to:

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



G.A.R.

WNSHIP  
:UM  
1040

SPECT - LEAD - SHIP - TEAM - GMA

ROCHELLE