

OGDEN TOWNSHIP

FORM GWM #61

PAGE 1

NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

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

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

G.A.R. POST DAVID BECKER

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:

Street/Road address or site location HORTON RD. WEST OF CROCKETT HWY.
GPS Coordinates _____

City/Village &/or Township OGDEN
County LENAWEE State MI Zip Code _____

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name _____

Dept./Div. _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person MRS. PHYLLIS GENTZ Telephone (517) 443-5537 ext _____

4307 WESTON RD, BLISSFIELD, MI

Is Memorial on the National Register of Historic Places Yes No ID # if known _____

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other

If known, name specific material (color of granite, marble, etc.) GREY GRANITE

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid? _____

If known, name specific material (color of granite, marble, etc.) _____

>This form may be photocopied.<

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For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = N/A

For Cannons with/without monument:

Material of Cannon = Bronze Iron Type of Cannon (if known) Rifled YES NO

Markings: Muzzle Base Ring/Breech

Left Trunion Right Trunion

Is inert ammunition a part of the Memorial? Yes No

[For camp/department monuments officer's use: Cannon on list of known ordnance] Yes No

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial UPRIGHT SHORT BROAD OBESK

Materials of the Memorial GREY GRANITE

Complete for All Memorials

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

 Height Width Depth or Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) 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

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

SEE PHOTO

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

Cemetery Park Plaza/Courtyard "Town Square" Post Office
 School Municipal Building State Capitol Courthouse College Campus
 Traffic Circle Library Other: _____

General Vicinity

Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial Street/Roadside within 20 feet Tree Covered (overhanging branches)
 Protected from the elements (canopy or enclosure, indoors) Protected from the public (fence or other barrier)

Any other significant environmental factor NEAR WEST ENTRANCE TO CEMETERY


[To detail the condition of a monument used the addendum form for *Monument's 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.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

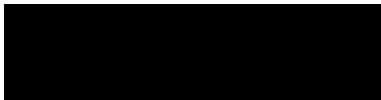
Thank you.

Inspector Identification _____ Date of On-site Survey MAY 2016
Your Name GREG SEBRING
Address 605 PEQUOT WAY
City TECUMSEH State MI Zip Code 49286
Telephone () _____ E-Ma 

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

Please send this completed form to:

Walt Busch, PDC, Chair
1240 Konert Valley Dr.
Fenton, MO 63026



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR - CIVIL WAR MEMORIALS COMMITTEE.



OUR FALLEN HEROES
1861 - 1865

AMERICAN
LEGION