

· 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. _____) 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 1899 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 CORNER of VW AVE and US 131
 City/Village SCHOOLCRAFT Township _____ County KALAMAZOO

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 VILLAGE OF SCHOOLCRAFT Dept./Div. _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Telephone () _____

If the Memorial has been moved, please list former location(s)...

Unknown

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.) granite (Black-Gray)
 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 = _____
 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 149" Width 38 1/2" Depth 38 1/2" 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.

EAST: IN MEMORY OF THE DEFENDERS OF OUR COUNTRY. ERECTED BY
BURSON POST NO. 303. G.A.R.
TOP: AMERICAN FLAG EMBLEM - FLAG (ABOVE) BELOW: G.A.R. STAR 1899

Environmental Setting

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

Type of Location

- | | | |
|--|---|--|
| <input checked="" 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 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
foundation

Overall Description

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

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 April 19, 2006

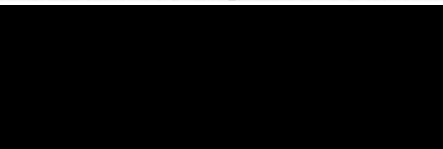
Your Name ARTHUR BONNELL

Address 6815 South 6th St City KALAMAZOO

State MI Zip Code 49009 Telephone 

Please send this completed form to:

Todd A. Shillington, PDC



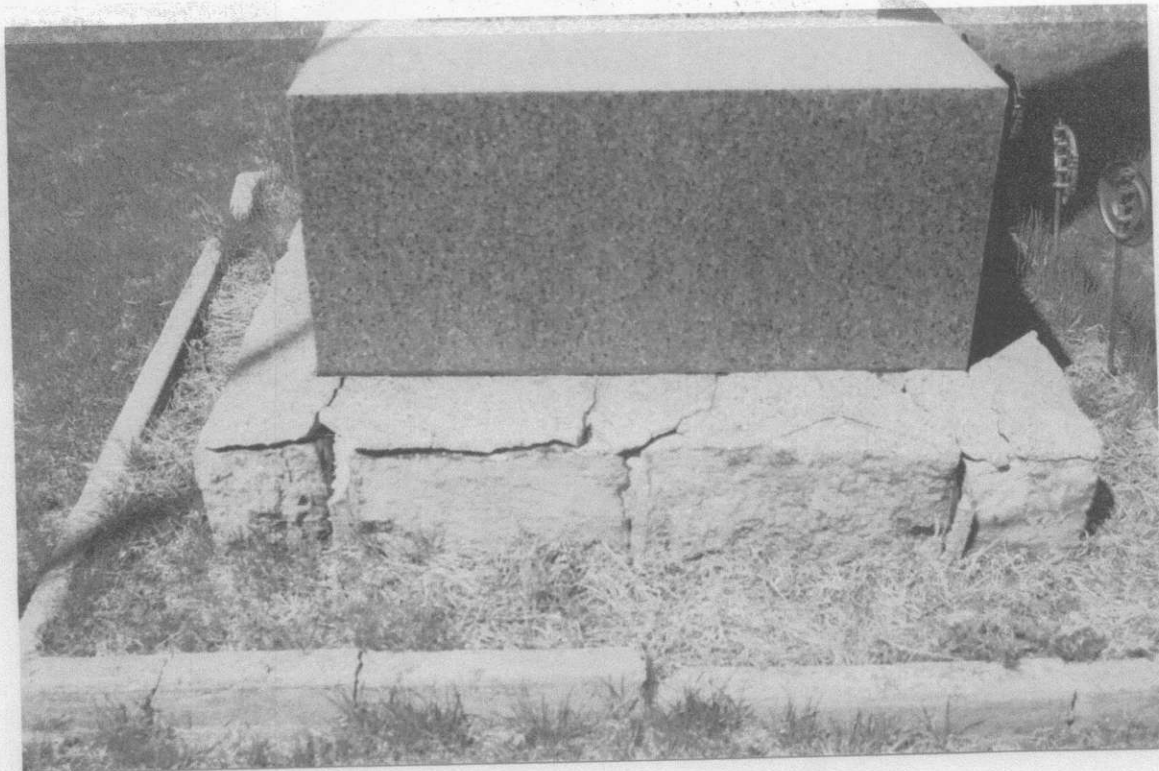
Thank you for your help, and attention to detail.

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



Schoolcraft Cemetery
BURSON Post #303 G.A.R





BURSON POST 303

