

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.)

Note: try to record items separately. Cannons near monuments should be recorded & photographed separately, etc. Thank you.

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:

National Civil War Museum

Original Dedication Date Post 1964

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

National Civil War Naval Museum

The Memorial is *currently* located at: 1002 Victory Dr
[Outside Courtyard]

Street/Road address or site location _____ GPS Coordinates N32°26'48.342" W84°58'48.371 "

City/Village &/or Township Columbus

County Muscogee State GA Zip Code 31901

The front of the Memorial faces: ☐ North ☐ South ☐ East ☐ West

Government Body, Agency, or Individual Owner

Name National Civil War Naval Museum

Dept./Div. _____

Street Address 1002 Victory Dr

City Columbus State GA Zip Code 31901

Contact Person _____ Telephone (706) 327-9798 ext _____

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.) Wood, needs repair

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

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

For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

Material of Cannon = _____ Bronze ☒ Iron _____ Type of Cannon (if known) 32 pdr chambered cannon - 41 cwt from CSS Chattahoochie

Rifled _____ Yes ☒ No

Markings: Muzzle _____ Base Ring/Breech C.A. & CoLeft Trunion _____ Right Trunion P. 1842Is inert ammunition a part of the Memorial? _____ Yes ☒ No[For camp/department monuments officer's use: Cannon on list of known ordnance] ☒ Yes _____ No**Guns raise from the CSS Chattahoochie in 1964**

ST CITY or SITE	TYPE & MODEL	FOUNDRY	REG#	INSP	FDY#	YR	WEIGHT	GRVS	COMMENTS & NPS#
GA									
Columbus	32-pdr chambered cannon-41 cwt Alger		6	ASW	42	41-1-05			CS Naval Museum, from CSS CHATTAHOOCHEE
Columbus	32-pdr chambered cannon-41 cwt Alger			ASW	42	41- -			CS Naval Museum, from CSS CHATTAHOOCHEE
									328 Vialand Canabary. inverted. muzzle off

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.

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: Privately Operating Museum

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 _____

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

Submission of this form requires at least one type of identification so that you may be contacted regarding the information on this form. This information will most likely be in the public domain. Your name is required; please include one (or more) pieces of contact information.

1. If a member of an Allied Order, the name of your camp, auxiliary, tent, circle or corps; along with your department;
2. Physical Address;
3. Phone Number
4. E-Mail address.

By submitting this, you are allowing the posting of this information on the internet.

Inspector Identification _____ Date of On-site Survey 22 Nov 2025
 Your Name Walter E Busch, PDC & P-Commander Central Region Allied Orders Assoc
 Address 1240 Konert Valley Dr
 City Fenton State MO Zip Code 63026
 Telephone () _____ E-Mail cwmemorials@suvcw.org

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

US Grant Camp 68 MO-SUVCW, Central Region Allied Orders of the GAR, MOLLUS, Logan Brigade

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. Photographs & GPS Co-ordinates are very much desired.

Pages 4 & 5 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*.

Please mail (or e-mail pdf, and picture files) to:

Walt Busch, PDC, Chair, 1240 Konert Valley Dr., Fenton, MO 63026, cwmemorials@suvcw.org (314) 630-8407

Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War - Civil War Memorials Committee.

>This form may be photocopied.<

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