

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:

Andersonville Originally Purchased by the Woman's Relief Corps. National Park Service

Original Dedication Date Unk, Post 2000? 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

Andersonville National Historic Site

The Memorial is *currently* located at: [in park, accidentally failed to record exact location]

Street/Road address or site location _____

Main Address: 760 POW Rd

GPS Coordinates _____

City/Village &/or Township Andersonville

County Macon

State GA

Zip Code 31711

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

Government Body, Agency, or Individual Owner

Name National Park Service

Dept./Div. Andersonville National Historic Site

Street Address 760 POW Rd

City Andersonville

State GA

Zip Code 31711

Contact Person Division of Interpretation

Telephone (229) 518-2846

ext _____

Is Memorial on the National Register of Historic Places ☒ Yes ☐ No ID # if known 70000070

Entire historic site and cemetery

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.) _____

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) 3 inch ordnance rifle (7RH) M1861, Phoenix FoundryMarkings: Muzzle TTSL No32 PICo 1861 807lbs Base Ring/Breech USLeft Trunion None Located Right Trunion None LocatedIs 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

Materials of the Memorial

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.

[\[See Photos\]](#)

Environmental Setting

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

Type of Location

☐ Cemetery &/or ☒ 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) **most near roadways and cleared of trees**

☐ 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 11/22/2025
 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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SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM – NARRATIVE

[Generally used to record the text of monuments, but may be used for any other useful information, such as if the monument has been moved or if you have information about the day of dedication. May repeat use of page as often as necessary.]

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Street/Road address or site location [in park, accidentally failed to record exact location]

Main Address: 760 POW Rd

GPS Coordinates _____

City/Village and/or Township Andersonville

County Macon

State GA

Zip Code 31711

TEXT

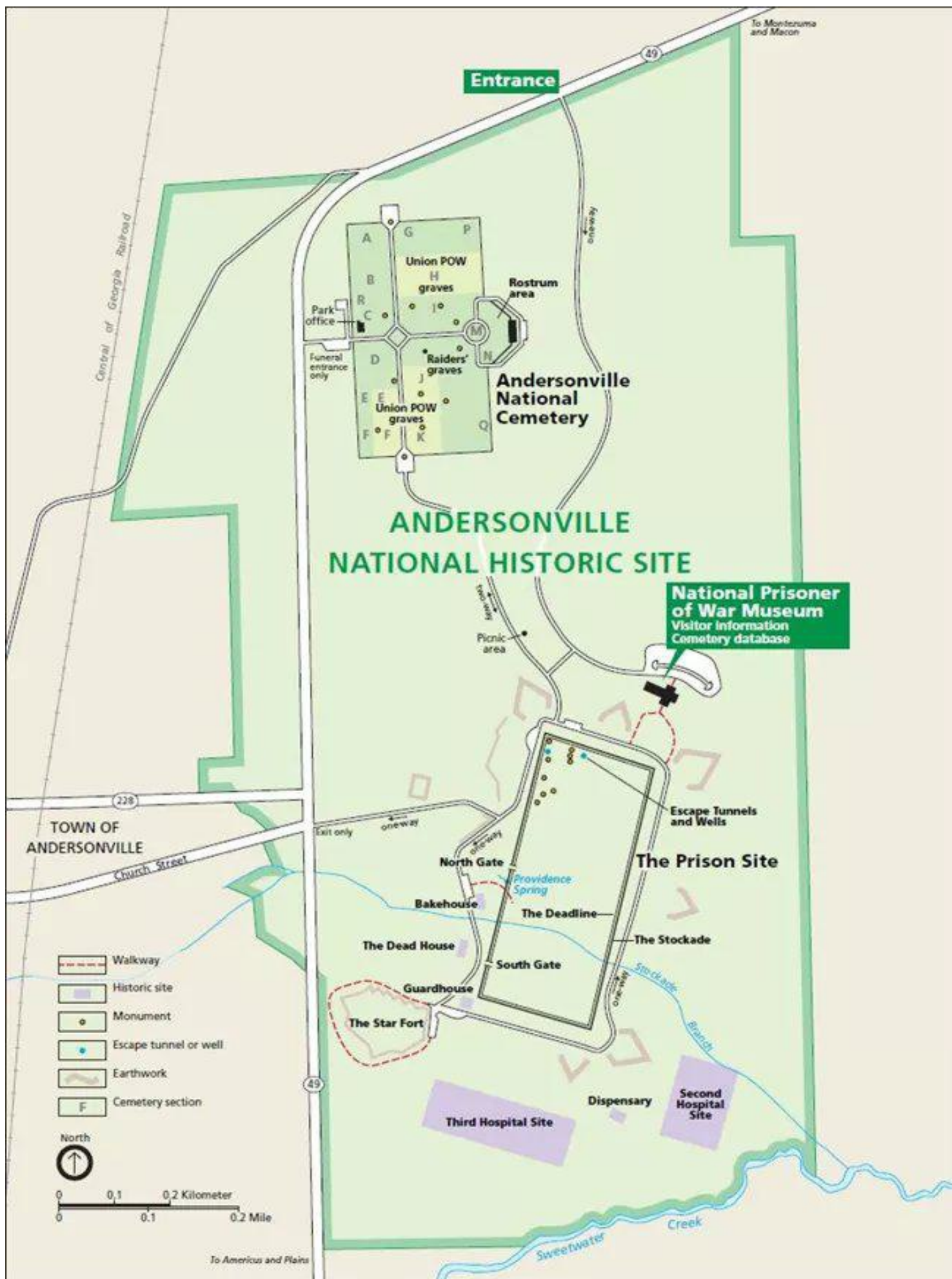


Inspector's Name _____

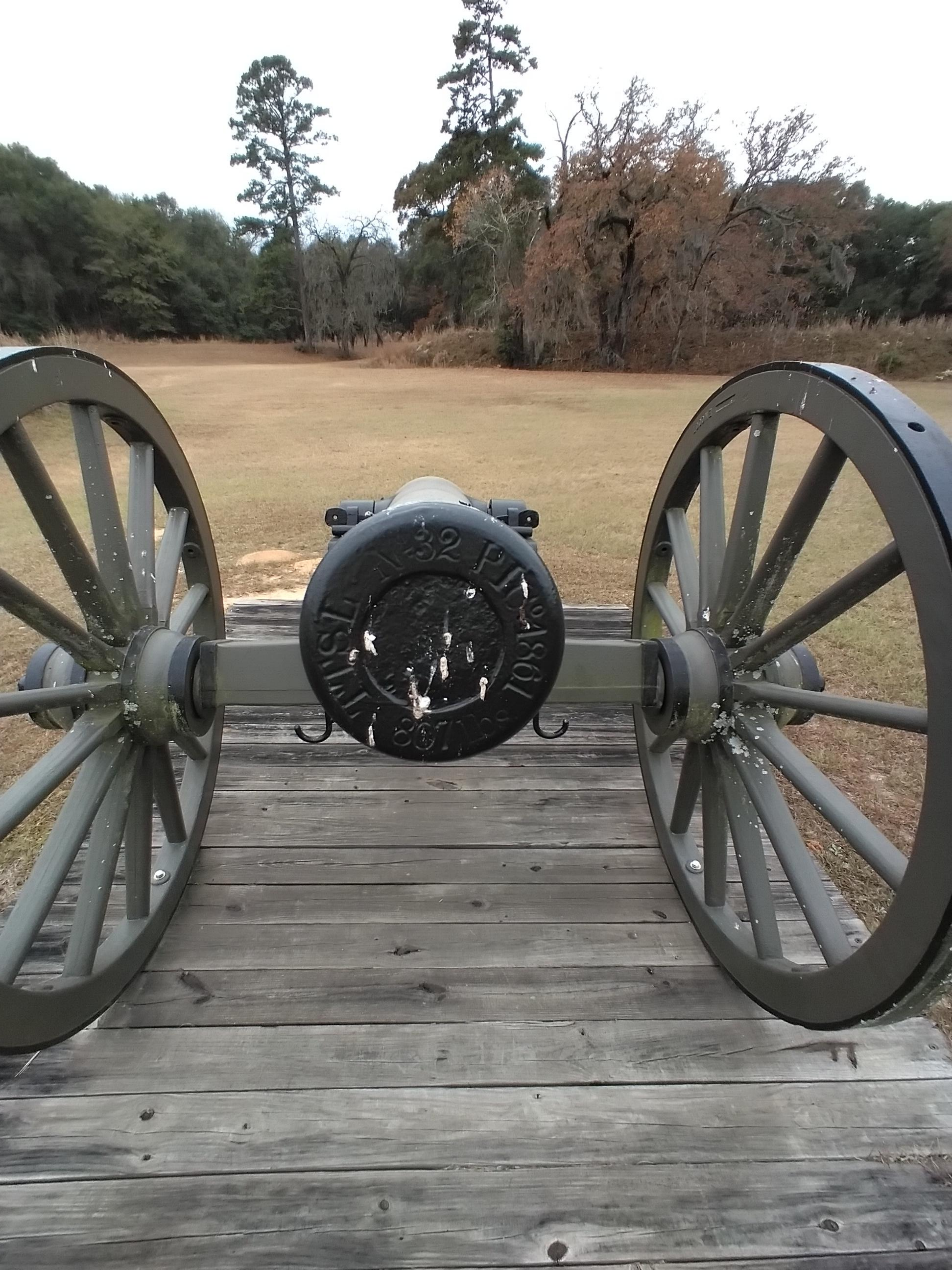
Date _____

ADDENDUM FORM CWM #61

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