



# Basic Cemetery Information Form CoCem Project

Fill out each applicable space accurately and with as much information as is known about the property. Use *Inventory Form Continuation Sheets where necessary*. Send completed form to: The CoCem Project at [inventory@cocemproject.org](mailto:inventory@cocemproject.org).

CHS SITE ID \_\_\_\_\_ CoCem ID # \_\_\_\_\_

## PROPERTY IDENTIFICATION

Enter the name(s), if any, that best reflects the property's historic importance.

1. Cemetery/Burial Historic Name(s) or Designations: \_\_\_\_\_

2. City, Town, or Community: \_\_\_\_\_ 3. County: \_\_\_\_\_

For Location, enter the street address, if any, or specific directions from nearest town, distance from nearest intersection or permanent landmark or state or county road.

4. Location: \_\_\_\_\_

5. GPS (UTM) Coordinates: \_\_\_\_\_

Map Attach a map indicating the location of the cemetery/burial or sketch the location on a continuation sheet.

6. Tax Parcel No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  This cemetery filed for tax exemption since 1998

7. Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ 1/4Section: \_\_\_\_\_ 8. Acreage: \_\_\_\_\_

9. UTM Reference (On a *continuation sheet*, list the UTM location reference for the point of a single burial, or the corner points of the parcel encompassing the cemetery.)

10. Ownership  Public  Private  Corporation  Tribal  Unknown

11. Age of Cemetery – Earliest Burial \_\_\_\_\_ Last Burial \_\_\_\_\_ In Use – Yes  No

## CONTACT INFORMATION

12. Owner (Provide contact information concerning the owner or a responsible person with the owning entity.)

Owner Name or contact: \_\_\_\_\_

Owner or contact address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

13. Record Keeper (Provide contact information concerning the person responsible for maintaining cemetery records.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

14. Sexton/Burial Authority (Provide contact information for the person responsible for opening graves in the cemetery.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## DESCRIPTION (Use continuation sheets where needed.)

15. Number of graves: \_\_\_\_\_  Approximate 16.  National Cemetery

17. Description of Grave Marker(s): Mark all that apply

- |                                   |  |                                     |                                   |                                   |
|-----------------------------------|--|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Stone    | <input type="checkbox"/> Wood              | <input type="checkbox"/> Handmade   | <input type="checkbox"/> Obelisk  | <input type="checkbox"/> Military |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Zinc/White Bronze | <input type="checkbox"/> Mausoleums | <input type="checkbox"/> Statuary | <input type="checkbox"/> Other    |

If other please describe \_\_\_\_\_

**18. Additional Description/Features:**

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**19. Condition: Mark all that apply**

- Well Maintained     Soil Disturbed     Vandalized     Not Easily Identifiable     Other  
 Poorly Maintained     Disturbed Markers     Overgrown     Easily Identifiable

If other please describe \_\_\_\_\_

**20. Ethnic/Social Associations:**

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**21. PHOTOGRAPHS**

*Attach representative photographs of the cemetery/grave illustrating its general features and characteristics and specific features of interest. All photographs should include the following information: the name of the cemetery/grave, name of the county where it is located, date the photo was taken, and the view direction (looking towards).*

**22. Historic Content (if known):**

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**23. TYPE OF CEMETERY**

If other, please specify: \_\_\_\_\_

24. Location     Original Site     Moved    Original Site: \_\_\_\_\_

**25. FORM COMPLETED BY**

Name and affiliation: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**26. FIELD DOCUMENTATION BY: (if different from form completed by)**

Name and affiliation: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**COCEM PROJECT**

**CEMETERY PROPERTY INVENTORY**

**Continuation Sheet**

Name of Cemetery: \_\_\_\_\_

Continuation Sheet No.: \_\_\_\_\_

