

Graveyard Recording Form

Recorder's Name: _____ **Date:** _____

Graveyard Name: _____

Location: _____

Stone Number: _____

Monument Type:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Headstone | <input type="checkbox"/> Table |
| <input type="checkbox"/> Footstone | <input type="checkbox"/> Box Tomb |
| <input type="checkbox"/> Other (please describe: _____) | <input type="checkbox"/> Obelisk |

Direction of Face (circle one): N S E W Other: _____

Primary Decorative Motif:

- | | | |
|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Skull | <input type="checkbox"/> Urn | <input type="checkbox"/> Hand(s) |
| <input type="checkbox"/> Angel/Cherub | <input type="checkbox"/> Willow | <input type="checkbox"/> Other (describe): _____ |

Other Decorative Elements (describe): _____

Name of Carver: _____

Number of People Commemorated: _____

Names on the memorial

Surname: _____ **First Name(s):** _____ **Date of Death:** _____

Over

