State Site Number: 31 Revisit? 🗆

# NORTH CAROLINA ARCHAEOLOGICAL SITE FORM Citizen Cemetery Site Form

Office of State Archaeology/Division of Archives & History

Please fill out as much of the information as possible and attach a map showing the location of the site. A North Carolina state site number will be assigned to your site and the location added to our records based on the information you provide. 1. STATE SITE NUMBER [FOR OFFICE USE]:

2. OTHER CEMETERY NUMBER(S):

3. IS THIS A REVISIT SUBMISSION?

### **GENERAL IDENTITY, LOCATION, AND OWNERSHIP INFORMATION**

4. CEMETERY NAME(S):

5. COUNTY:

6. CEMETERY ADDRESS OR LOCATION DESCRIPTION:

7. CEMETERY OWNER AND ADDRESS (if different than above):

8. NAME AND CONTACT INFO OF INDIVIDUAL(S) OR INSTITUTION(S) WHO HOLD MORE INFORMATION ABOUT THIS CEMETERY:

8A. WHAT INFO DO THEY HAVE?

9. ACCESS TO THIS CEMETERY IS:

□RESTRICTED

□YES □NO

□UNRESTRICTED

9A. EXPLAIN:

PRIMARY RECORDER INFORMATION

10. FIRST AND LAST NAME:

11. ORGANIZATION:

12. ADDRESS:

13. PHONE NUMBER:

14. RECORDERS RELATIONSHIP TO CEMETERY: □PROPERTY OWNER □DESCENDANT □RESEARCHER □GENERAL INTEREST

### **MAP DATA**

Please attach a map showing location of cemetery. Contact NC OSA staff for help. Please provide coordinates (like Latitude and Longitude) so the site is recorded accurately on the landscape. A plan view sketch of cemetery is encouraged.

15. LATITUDE: LONGITUDE: OTHER COORDINATES:

15A. SOURCE (GOOGLE MAPS, GPS, ETC.):

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#### **CEMETERY DESCRIPTION**

### 16. CEMETERY TYPE:

#### DPUBLIC

DMUNICIPAL DSTATE DFEDERAL DMILITARY DTRIBAL

**PRIVATE** 

□FAMILY □CHURCH (REPORT NAME/DENOMINATION) □FRATERNAL/ORGANIZATION (REPORT NAME) □OTHER

UNKNOWN/ABANDONED

16A. DETAILS OR EXPLANATIONS:

17. CURRENT STATUS:

UWELL MAINTAINED AND PRESERVED

□NOT MAINTAINED

□MARGINALLY MAINTAINED

□OVERGROWN, BUT EASILY IDENTIFIABLE

**DOVERGROWN, NOT EASILY IDENTIFIABLE** 

INOT IDENTIFIABLE AS A BURIAL SITE (OR KNOWN TO EXIST BY ORAL TRADITION)

### **CEMETERY FEATURES INFORMATION**

Please complete the attached Marker Description Form and submit with application.

18. NUMBER OF MARKED GRAVES: 19. POSSIBLE NUMBER OF UNMARKED GRAVES:

20. KNOWN YEARS OR PERIOD OF USE:

21. DATE OF EARLIEST MARKER: 22. DATE OF MOST RECENT MARKER:

23. BURIALS IN THIS CEMETERY ARE:

□<u>MARKED</u> WITH GRAVESTONES, MONUMENTS, WALLS, FENCES, CRYPTS, MAUSOLEUMS, OR OTHER VISIBLE FUNERARY ARCHITECTURE

□<u>UNMARKED ONLY</u>, DEPRESSIONS PRESENT OR POSSIBLY MARKED BY UNINSCRIBED FIELD STONES, PLANTS, SHELLS, OR ARTIFACTS

□ <u>BOTH</u> MARKED AND UNMARKED

24. ARE THERE UNUSUAL OR SIGNIFICANT MARKERS PRESENT?

24A. IF YES, PLEASE DESCRIBE:

25. TO WHICH CULTURE WERE PEOPLE BURIED IN THIS CEMETERY MOST OFTEN AFFILIATED? (CHECK ALL THAT APPLY):

□AFRICAN AMERICAN □EURO AMERICAN □NATIVE AMERICAN □UNKNOWN □OTHER (DESCRIBE):

25A. HOW HAS THE ABOVE BEEN DETERMINED (EX. DOCUMENTS, ARTIFACTS, ORAL TRADITION)?

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26. ARE ARTIFACT PRESENT ON OR NEAR BURIALS OR WITHIN THE CEMETERY'S GROUNDS?

 $\Box$ YES  $\Box$ NO  $\Box$ UNKNOWN

26A. DESCRIBE, INCLUDING LOCATION OR PROXIMITY TO OTHER CEMETERY ELEMENTS:

27. IS THE CEMETERY ENCLOSED?

 $\Box$ YES  $\Box$ NO

27A. TYPE AND MATERIAL OF ENCLOSURE:

□FENCE (MATERIAL TYPE):

□HEDGE (WHICH SPECIES):

□OTHER (EXPLAIN):

28. ARE THERE ANY OTHER NOTABLE FEATURES OR STRUCTURES WITHIN THIS CEMETERY?  $\Box$ YES  $\Box$ NO

28A. DESCRIBE:

### THREATS

29. ARE THERE ACTIVITIES OR NATURAL FORCES THAT THREATEN THE STABILITY OF THE SITE OR MIGHT IMPACT THE BURIALS? (CHECK ALL THAT APPLY.)

DEVELOPMENT OR CONSTRUCTION ACTIVITIES DVANDALISM DANIMALS/GRAZING FARMING OPERATIONS DINDUSTRIAL OPERATIONS DEROSION DEGLECT NONE KNOWN OTHER (DESCRIBE):

29A. EXPLAIN:

### HISTORICAL SIGNIFICANCE OF THE CEMETERY OR PERTINENT INFORMATION

EXPLAIN HERE:

### Please email or mail completed form, map and any photographic attachments to:

Melissa Timo Historic Cemetery Specialist Office of State Archaeology 4619 Mail Service Center Raleigh, NC 27699-4619 <u>melissa.timo@ncdcr.gov</u> (919-814-6562)

Other Cemetery Number				110 0	ISA STAFF USE: State Site Number:31	
Name(s) on marker	Birth date	Death Date	Marker Type	Marker Material	Condition of marker	Inscription



# **Cemetery Site File Form Submission Checklist**

# \*Required\*

 $\Box$ Completed form

 $\Box$  Site location coordinates

□Мар

## **Strongly encouraged**

□Planview map of cemetery layout

□ Marker description form

□Photographs

# Warmly welcomed

 $\Box$  Site histories

Genealogical narratives

# Need help?

Refer to the North Carolina Citizen Site Form Instructions for instructions and tips.

## Still can't find your answer?

Contact OSA! Melissa.timo@ncdcr.gov or 919-814-6562

