

North Carolina Cemetery Site Form

Identity

Cemetery name(s): _____

State site number: 31 _____ State Property Office complex number: _____
(CTY) (CO) (COMP)

Other site numbers: _____ Organization assigning other number: _____

Recorded by: _____ Organization name (if any): _____

Mailing address: _____

Phone number(s): _____ Email: _____

Form submitted by: _____ Date submitted: _____

Reason for recording cemetery: _____

If compliance, provide

Tracking number: _____

Compliance project name: _____

Bibliographic reference #s: _____

Location and Ownership

County: _____ City, town, community, or township: _____

Cemetery address (if applicable): _____

Directions to cemetery: _____

Access to cemetery: Restricted (explain): _____
 Unrestricted

Cemetery owner name and address: _____

USGS topographic quadrangle map name: _____

Provide coordinates in Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "

OR Universal Transverse Mercator (UTM)

Datum: NAD27 Zone: _____ Easting: _____ Northing: _____
 NAD83

*****Please attach a map showing the cemetery's location*****

Description

Public cemetery: _____ Entity name: _____

Private cemetery: Family
 Church (name, denomination): _____
 Fraternal/Organization (name): _____
 Other (explain): _____

Status: in use Size of cemetery (approx): _____
 maintained
 neglected Number of graves (approx.): _____
 abandoned

Is the cemetery enclosed? Yes Type of enclosure: wall
 No fence
 hedge
 other: _____

Condition of enclosure: Good
 Poor
 Other: _____

Number of marked grave: _____ unmarked graves: _____ legible markers: _____

Period of use began: _____ Period of use ended: _____

Date of earliest marker: _____ Date of most recent marker: _____

Marker type(s) wood concrete
 limestone ceramic
 granite encased paper
 marble other: _____

If unusual markers present, please describe:

Please use the table attached to list the individuals buried in the cemetery and provide transcriptions of any marker inscriptions

Cultural Affiliation: Native American Euro American
 African American Unknown
 Other: _____

Are historic or prehistoric artifacts present?
 Yes Describe: _____
 No
 Unknown

Has the cemetery been documented in a cemetery survey? Yes
 No

Publication (please provide publication information and/or web address):

Special/historical significance of cemetery:

Research potential: _____

Recommendations: _____

Any other information pertinent to the cemetery:

Environment and Condition

Topographic situation: _____ Elevation: _____ Modern vegetation: _____
(feet AMSL)

Slope range: low _____% high _____% Slope face direction: _____ Soil Type: _____

Soil series name: _____ NRCS soil type code: _____

Distance to water (meters): _____ Nearest water type _____

Drainage basin: _____ Ground visibility: low _____% high _____%

General condition of cemetery:

- | | |
|--|--|
| <input type="checkbox"/> Well maintained and preserved | <input type="checkbox"/> Overgrown, but easily identifiable |
| <input type="checkbox"/> Marginally maintained | <input type="checkbox"/> Overgrown, not identifiable |
| <input type="checkbox"/> Not maintained | <input type="checkbox"/> Not identifiable as burial site
(known to exist by oral tradition) |

Explain: _____

Have markers or other aspects of the cemetery been damaged? Yes
 No

Damage caused by (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Development or construction activities |
| <input type="checkbox"/> Animals/grazing | <input type="checkbox"/> Custodial care |
| <input type="checkbox"/> Farming operations | <input type="checkbox"/> Natural activities |
| <input type="checkbox"/> Industrial operations | <input type="checkbox"/> Neglect or attrition |
| <input type="checkbox"/> Other: _____ | |

Percent destroyed (estimate): _____ Date destroyed, if known: _____

Is cemetery currently threatened?

- Yes Please explain: _____
 No

OFFICE OF STATE ARCHAEOLOGY USE

National Register Status

- Determined Eligible
- Placed on the Study List
- Approved for Nomination by NRAC
- Currently listed on NRHP
- Removed from NRHP
- Not eligible after evaluation
- Unassessed
- North Carolina Archaeological Record Program

Form reliability

- Complete
- Incomplete
- Unreliable

Criterion

- A
- B
- C
- D

Date Listed: _____

Locational reliability

- Accurate
- Unknown
- Unreliable
- Within 100 meter radius
- Within 500 meter radius
- Within 1 km radius

Form checked by: _____ Date: _____

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

Rosie Blewitt-Golsch

Site Registrar
Office of State Archaeology
4619 Mail Service Center
Raleigh, NC 27699-4619

Or email:

NC OSA Site File

Site.numbers@ncdcr.gov

Please contact Melissa Timo, Historic Cemetery Specialist (melissa.timo@ncdcr.gov or 919-807-6562) or Sam Franklin, GIS Specialist (samuel.franklin@ncdcr.gov or 919-814-6563) with any questions.

