



# HISTORIC CEMETERY SURVEY & DOCUMENTATION FORM

<b>SURVEYOR NAME &amp; CONTACT INFORMATION</b> (Phone number, Address & Email):	<b>CEMETERY NAME (if known):</b>
	<i>Public</i> <i>Private</i> <i>Ownership Unknown</i> (Please circle one)
	<b>CEMETERY ADDRESS:</b>
<b>LOCAL INFORMANT/ CONTACT INFO:</b>	<b>OWNERS NAME/ CONTACT INFO:</b>
<b>DATE OF SURVEY:</b>	<b>ACCESS GRANTED BY:</b>
<b>Landmarks for location, Tax Parcel number or GPS (Lat/ Long) Coordinates:</b>	
<b>SETTING:</b> <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Urban	<b>STATUS:</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Neglected Cemetery
<b>CEMETERY TYPE:</b> <input type="checkbox"/> Family <input type="checkbox"/> Church <input type="checkbox"/> Community <input type="checkbox"/> Rural Movement <input type="checkbox"/> Municipal <input type="checkbox"/> Military <input type="checkbox"/> Burial of Enslaved People <input type="checkbox"/> Institutional <input type="checkbox"/> Memorial Park <input type="checkbox"/> Pet Cemetery <input type="checkbox"/> Other: _____	
<b>EARLIEST DEATH DATE:</b>	<b>LATEST DEATH DATE:</b>
<b># Burials:</b> <input type="checkbox"/> Unknown <input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> >100 <b>EXACT # (if available):</b> _____	
<b># Visible Headstones:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> >100 <b>EXACT # (if available):</b> _____	
<b># Visible Footstones:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> >100 <b>EXACT # (if available):</b> _____	
<b># Visible Fieldstones:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> >100 <b>EXACT # (if available):</b> _____	
<b>APPROXIMATE SIZE: (Acreage or dimensions)</b>	<b>CONDITION:</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Maintained/Neglected
<b>CONDITION CHARACTERISTICS (select all that apply):</b> <input type="checkbox"/> Overgrown <input type="checkbox"/> Broken Tombstones <input type="checkbox"/> Graffiti <input type="checkbox"/> Looted <input type="checkbox"/> Unmarked burials <input type="checkbox"/> Debris on surface <input type="checkbox"/> Sunken Tombstones <input type="checkbox"/> Leaning Tombstones <input type="checkbox"/> Animal burrows <input type="checkbox"/> Fungus on Inscribed Tombstones <input type="checkbox"/> Weathered Stones <input type="checkbox"/> No fencing <input type="checkbox"/> Fenced <input type="checkbox"/> Clean & Well-kept <input type="checkbox"/> Construction Disturbance <input type="checkbox"/> Fallen/Displaced Stones <input type="checkbox"/> Other: _____	
<b>ARE SUPPLEMENTAL CEMETERY HISTORY RESOURCES AVAILABLE?</b> (i.e., land records, deeds, plats, significant persons, events, monuments, local informants or descendants.) Please describe: _____ _____	
<b>RECOMMENDATIONS:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Repair <input type="checkbox"/> Emergency Stabilization <input type="checkbox"/> Urgent Attention Needed <input type="checkbox"/> Fencing <input type="checkbox"/> Clearing of overgrowth <input type="checkbox"/> Signage <input type="checkbox"/> Historic designation <input type="checkbox"/> Other: _____	
<b>DESCRIBE HAZARDS to CEMETERY:</b> <input type="checkbox"/> Abandonment <input type="checkbox"/> Development <input type="checkbox"/> Desecration <input type="checkbox"/> Erosion <input type="checkbox"/> Logging <input type="checkbox"/> Agriculture <input type="checkbox"/> Poor Drainage/Flooding/Standing Water <input type="checkbox"/> Unsafe to visitors <input type="checkbox"/> Other: _____	
<b>ADDITIONAL COMMENTS:</b> (i.e., current property use, notable features, veterans, non-stone markers, etc.): _____ _____	



# HISTORIC CEMETERY SURVEY & DOCUMENTATION FORM

**SKETCH MAP #1: General Location** (Show the Cemetery location on a commercially available map, or sketch your own. Include **north arrow**, **approximate scale**, **nearby roads/ names**, modern cultural features, means of access or parking if known, approximate cemetery boundaries, if known land use in vicinity, other significant features.)

A large rectangular area filled with a light blue grid, intended for sketching a map or drawing. The grid consists of small squares, with a slightly larger grid of major lines overlaid on it.



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**SKETCH MAP #2: Details within cemetery boundaries (Relative location of headstones, vaults, markers, footstones, fencing/ corner posts, interior plot structure or designations, grave orientation if known, pattern of ground depressions or presence of unique vegetation or marker trees. Attach additional sheets as needed.) Include north arrow, approximate scale, and legend (if needed).**

A large rectangular area filled with a light blue grid, intended for sketching the details of a cemetery within its boundaries. The grid consists of small squares, with a slightly larger grid of thicker lines overlaid on it.



## HISTORIC CEMETERY SURVEY & DOCUMENTATION FORM

**Details of individual grave marker or stones (Attach additional sheets as needed- One per headstone or individual burial.) Label each stone or marker to the numbers you assign on Sketch Map #2.**

Marker or Headstone #	
Name(s)	
Dates (Birth)	
Dates (Death)	
Photographs (Front/ Back/ General Location/ Detail)	
Material(s)	
Stone Size, form and dimensions	
General Condition. (Recommendations for treatment?)	
Orientation (Face of headstone faces which cardinal direction)	
Associated Footstone (materials/ dimensions/ initials if available)	
Transcription of Inscriptions if marked (Use **** for illegible letters or words)	
Unique Iconography or other features (include description and photograph if possible)	



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**Thank you for your help to preserve  
Anne Arundel County's historic cemeteries!**

**Questions? Call Anastasia Poulos at #410-222-7486**

**Guidelines and tips for completing this form can be found at  
[www.aacounty.org/cemeteries](http://www.aacounty.org/cemeteries)**

You can also access our Historic Cemetery Site Survey App at the above website  
or use this QR code to launch the app on your phone!



Please Return Completed Forms to:

Anne Arundel County Office of Planning & Zoning,  
Cultural Resources Division,  
Attn: Anastasia Poulos  
2664 Riva Road,  
Annapolis MD 21401

You may also scan the completed form, and send it, along with any photographs  
or supplemental data by email to [pzpoul44@aacounty.org](mailto:pzpoul44@aacounty.org).