West Virginia Cemetery Inventory Form    NR rating:_____

(Revised 26 September 2014)

1. Trinomial Number (OFFICE USE ONLY): _____________________

2. Cemetery Name, Historic:_________    Cemetery Name, Common:____________

3. County:_________  4. 7.5’ Quadrangle Name:________________

5. UTM Zone:_________  NAD:_____________
   Easting:_________  Northing:_____________
   Easting:_________  Northing:_____________

6. Location: __________________________________________________________

7. Ownership: Public: Municipal____   County____   State____   Federal____
               Private: Family____   Church____   Denomination_______________
               Fraternal____   Other_______________________________________


9. Predominant Surnames: _____________________________________________

10. Mass Grave: Yes____   No____   Explain: _________________________________

11. Public Accessibility:    Unrestricted____
                Restricted____
                For permission to visit, contact________________________________

12. Access into cemetery:    By foot____    By car____

13. Terrain: __________________________________________________________

14. Bounded by: Fence____   Wall____   Hedge____   Other____________________

15. Condition: Well-maintained____   Poorly maintained____   Overgrown, easily identifiable____
   Overgrown, unidentifiable____   Unidentifiable, but known to exist through tradition or other
   means (identify source) ______________________________________________

16. Disturbances: ______________________________________________________

17. Cemetery Size and Orientation (please give dimensions in feet, and indicate compass direction
   for long and short axis): ______________________________________________
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NR rating: _______

18. Historical Background (use continuation sheet if necessary): ____________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

19. Gravestones (Please list the number of gravestones that fit in the categories below. If this is
    guess or an approximation, put “circa” before the number. Include photographs and/or sketches of
    representative decorative carvings.):

   Number of headstones_____  Number of burials_____  Footstones? Yes_____ No_____  
   Number of gravestones with burial dates from the 18th century_____  19th century_____  
   20th century_____  21st century_____  
   Please list the earliest headstone date _______  Most recent date________  
   Number of gravestones of each material:  Slate_____  Marble_____  Granite_____  
   Sandstone_____  Fieldstone_____  Other ____________________________  
   Number of gravestones that are:  Readable_____  Eroded_____  Badly Tilted_____  
   Cracked/Broken_____  Broken but standing_____  Broken, no longer standing_____  
   Location of stones no longer standing______________________________  

   Restoration efforts, if any:  ________________________________________________________  
   ________________________________________________________________________________
   ________________________________________________________________________________

20. Attachments: 1) a copy of the topographic quadrangle map indicating the cemetery’s location, 2) 
    general photograph(s) of the cemetery showing its setting and/or location, and 3) a list or copies of 
    any reference information about the cemetery (books, personal communication, etc.).

21. Recorder: ___________________________  Date: ___________________  
    Address: ______________________________  Telephone Number: ___________________  
    ________________________________  

Please return form to:  
WV State Historic Preservation Office  
The Cultural Center  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0300