



Video Tape & Counter #

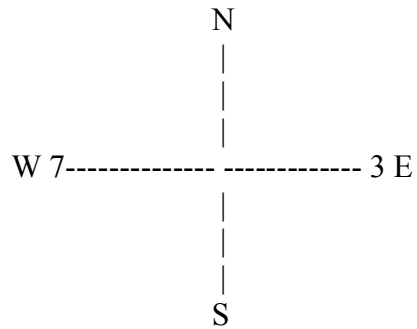
Plot Location

NAME (last, first, initials)

BIRTH

DEATH

ORIENTATION



CLEANED (circle) & date
Yes ----- No

Direction Headstone Faces

Which faces inscribed

REMARKS

Single/Double/Family Plot

Materials

Style of Monument, gravesite:

DESCRIPTION & CONDITION REPORT

CONDITION (Circle)

1 ---- 2 ---- 3 ----4

Excellent → Poor

Inventory Date _____ Initials _____ Database Entered _____

PHOTO/DRAWING (whole view) & REMARKS

INSCRIPTION/LETTERING STYLE (line by Line)