

Brookside Cemetery Marker Inventory Form

ROW# _____ PLOT# _____

Family Name _____ **Name(s) on Marker** _____

Marker Type:
 Tablet Block Shaft Cylinder Slant Flush Other _____
Marker Material:
 Marble Granite Sandstone Bronze Zinc Wood Other _____

Base Type:
 Base Foundation Plinth and Base Plinth, Base, and Foundation None
Base Material:
 Sandstone Marble Granite Concrete Basalt Other _____

Marker Condition:
 Broken? Yes No # Pieces _____ Detached from base? Yes No Spalling? Yes No
 Headstone loose? Yes No Leaning? Yes No Inclination degrees _____
 Sunken? Yes No Condition Description _____

Epitaph Information: *(Transcribe the epitaph from each face and note direction of each face.)*

Photo Numbers: _____
Date Surveyed: _____
Surveyor: _____

Relevel: Yes No
Reset: Yes No
Repair: Yes No
Cleaning: Light Medium Heavy No
Priority: Low Medium High