(Appendix A from Chris Bendall's MLS Capstone 2022)

Physical Form

Form

Recorder Name:* _____

Recorder Phone (o): _____ Recorder Email (o): _____

Date Recorded (YYYY-MM-DD):* _____

Site

State:* _____ County:* _____ Locality:* _____

Landmark (o): _____

Frontage Road:* _____ Intersection (o): _____

Nearest Roads (o): _____ & _____

Cemetery Name (r):* _____

Cemetery Address:* _____

Cemetery Website (o): _____

Cemetery Type:* _____

Cultural Relation of Cemetery (r):* _____

_____

_____

Lot:* _____ Section:* _____

Row:* _____ Grave Number:* _____

Grave Number Description (o): _____

_____

* required field
(o) optional field
(r) repeatable field

Memorial

Latitude (o): _____ Longitude (o): _____ Direction (o): _____

Condition (r):* _____

Type:* _____ Material (r):* _____

Material Other Description (o) (r): _____

_____

Shape (r):* _____ Statue Object (o): _____

Height (cm):* _____ Width (cm):* _____ Depth (cm):* _____

Footstone (Y/N):* _____ Distance to Footstone (cm) (o): _____

Person

Count of Persons Mentioned:* _____

Person Number:* _____

First Name (o) (r): _____

Middle Name (o) (r): _____

Last Name (o) (r): _____

Maiden Name (o) (r): _____

Honorific (o) (r): _____ Gender:* _____

Gender Description (o): _____ Gender Source:* _____

Year of Birth (YYYY):* ____ Month of Birth (MM):* ____ Day of Birth (DD):* ____

Place of Birth (o): _____

Year of Death (YYYY):* ____ Month of Death (MM):* ____ Day of Death (DD):* ____

Place of Death (o): _____

* required field
(o) optional field
(r) repeatable field

Occupation (o) (r): _____

_____

Veteran (Only if "Yes"): _____

Veteran Branch (o) (r): _____

Relation (o) (r): _____ *Relation* (o) (r): _____ *Relation* (o) (r): _____

Type (o) (r): _____ Type (o) (r):_____ Type (o) (r): _____

Source (o) (r): _____ Source (o) (r): _____ Source (o) (r): _____

Burial Status:* _____ Burial Status Location (o): _____

Year of Burial (YYYY):* _____ Month of Burial (MM):* ___ Day of Burial (DD):* ___

* required field
(o) optional field
(r) repeatable field

Additional Person Sheet Cemetery Name: _____

Grave Number: _____ (for personal reference only)

Count of Persons Mentioned:* _____ Person Number:* _____

First Name (o) (r): _____

Middle Name (o) (r): _____

Last Name (o) (r): _____

Maiden Name (o) (r): _____

Honorific (o) (r): _____ Gender:* _____

Gender Description (o): _____ Gender Source:* _____

Year of Birth (YYYY):* ____ Month of Birth (MM):* ____ Day of Birth (DD):* ____

Place of Birth (o): _____

Year of Death (YYYY):* ____ Month of Death (MM):* ____ Day of Death (DD):* ____

Place of Death (o): _____

Occupation (o) (r): _____

_____

Veteran (Only if "Yes"): _____

Veteran Branch (o) (r): _____

Relation (o) (r): _____ *Relation* (o) (r): _____ *Relation* (o) (r): _____

Type (o) (r): _____ Type (o) (r):_____ Type (o) (r): _____

Source (o) (r): _____ Source (o) (r): _____ Source (o) (r): _____

Burial Status:* _____ Burial Status Location (o): _____

Year of Burial (YYYY):* ____ Month of Burial (MM):* ____ Day of Burial (DD):* ___

* required field
(o) optional field
(r) repeatable field

Additional Relation Page

Relation (o) (r): __________	*Relation* (o) (r): __________	*Relation* (o) (r): __________
Type (o) (r): ___________	Type (o) (r):____________	Type (o) (r): ____________
Source (o) (r): _________	Source (o) (r): __________	Source (o) (r): __________
Relation (o) (r): __________	*Relation* (o) (r): __________	*Relation* (o) (r): __________
Type (o) (r): ___________	Type (o) (r):____________	Type (o) (r): ____________
Source (o) (r): _________	Source (o) (r): __________	Source (o) (r): __________
Relation (o) (r): __________	*Relation* (o) (r): __________	*Relation* (o) (r): __________
Type (o) (r): ___________	Type (o) (r):____________	Type (o) (r): ____________
Source (o) (r): _________	Source (o) (r): __________	Source (o) (r): __________
Relation (o) (r): __________	*Relation* (o) (r): __________	*Relation* (o) (r): __________
Type (o) (r): ___________	Type (o) (r):____________	Type (o) (r): ____________
Source (o) (r): _________	Source (o) (r): __________	Source (o) (r): __________

* required field
(o) optional field
(r) repeatable field

Engravings

Count of Engravings:* _____

Engraving Number:* _____ Engraving Type (r):* _____

Engraved Image Object (o) (r): _____

Engraved Image Tag (o) (r): _____

Engraved Text (o) (r): _____

_____

_____

_____

_____

Engraved Text Language (o) (r): _____

Engraved Text Script (o) (r): _____

Translation Required (Only if "Yes"): _____

Translation (o): _____

_____

_____

_____

_____

Engraving Relation to Person Number (o) (r): _____

* required field
(o) optional field
(r) repeatable field

Photographs

Photographer:* _____

Date Take (YYYY-MM-DD):* _____

Photo Description:* _____

_____

_____

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_____

File Name, Type, and Size: (To be completed at Digital Upload Stage)

* required field
(o) optional field
(r) repeatable field