



HISTORIC RESOURCES INVENTORY FORM for CEMETERIES

STATE HISTORIC PRESERVATION OFFICE

Box 82554
Lincoln, NE 68501-2554
<http://www.nebraskahistory.org>

For NeSHPO use only:

Site Number _____

Submitted by _____

Date received _____

The Nebraska Historic Resources Inventory Form – for Cemeteries is a customized form used by the Nebraska State Historic Preservation Office (NeSHPO) to document the state’s historic cemeteries. The information submitted also contributes to the Statewide Cemetery Registry, which provides a “central data bank of accurate and current information regarding the location of cemeteries, burial grounds, mausoleums, and columbaria in the state”, as required by Nebraska Statute 12-1401.

Instructions

Please be as detailed as possible in completing the form. Only location and contact information are required but any additional information is welcomed. Attach any supplementary information on an additional sheet, as necessary.

Bibliography

On a separate sheet, list published and/or unpublished sources or other information such as historic photographs, maps, transcriptions, newspaper articles, and histories. (When appropriate, cite author, title, place of publication, date, and page numbers.)

Photographs & Maps

Enclose current, clear photographs of the property. A minimum of two photographs is required for a single cemetery. Inclusion of a map, identifying where the cemetery is located, is encouraged. If you have any questions regarding how to map the cemetery or specific cemetery preservation questions please contact us.

Need assistance, contact us

By phone: 402-471-4787 or 1-800-833-6747

By email: hpnsht@nebraskahistory.org

Cemetery Identification & Location

Common / Present Name _____

Historic / Alternative Name(s) _____

Address _____

City / Town _____ County _____

Legal Description: If the abstract is unavailable, please contact your County Register of Deeds to obtain a complete legal description.

Urban ___ Lot(s) ___ Block ___ Plat Addition
Rural ___ ¼ Section ___ ¼ Section ___ Section ___ Township ___ Range

Other Legal _____

Latitude / Longitude (if known) _____

Ownership

Current Owner Name _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) _____ Email _____

The cemetery is located on: Public land Private land Unknown

Please submit completed forms to: Nebraska State Historic Preservation Office

Box 82554
Lincoln, NE 68501-2554

Or by email: hpnsht@nebraskahistory.org

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Establishment / Abandonment Information

Establishment Date _____ Unknown
 Abandonment Date _____ Not Abandoned Unknown
 Do cemetery plat maps, tombstone transcriptions, or other historic materials exist? Yes No
 If yes, describe. _____
 In whose possession? _____ Are they available for copy? Yes No

Type / Condition

Property Condition: (check one) Well-maintained Partially Maintained Not Maintained

Marker/Monument Category: (Check all that apply and feel free to elaborate upon the cemetery markers/buildings on an attached sheet.)

_____ **Cemetery:** Marked tombstones, fieldstones, etc.

_____ **Mausoleum:** Buildings with burial vaults.

_____ **Columbarium:** Vaults for cremated remains in urns.

_____ **Unmarked Graves / Burial Grounds**

_____ **Other** _____

Is the cemetery associated with any specific group(s)? (e.g. Native American Tribes, Czechs, Swedes, Catholic, Protestant, etc.) Unknown _____

Year of death of first interred (from records or oldest legible date): _____ Unknown

Year of death of last interred: _____ Unknown

Have interments been relocated to/from the cemetery since its establishment? Yes No Unknown

If yes, complete the following:

Original location (address and legal description, if known): _____

Reason for move: _____

Landscape Data

(Please circle all that apply and feel free to elaborate upon the landscape features on an attached sheet)

<u>Fences/Walls around the cemetery</u>	<u>Plantings</u>	<u>Trees</u>	<u>Associated Structures</u>
Brick	Roses	Cedar	Statues
Chainlink	Myrtle	Evergreen	Church/Chapel
Concrete	Lilacs	Willow	Fountain
Wrought Iron	Irises	Other _____	Other _____
Stone	Lillies	None	None
Woven Wire	Ivy		
Other _____	Other _____		
None	None		

Form submitted by owner operator custodian volunteer

Name _____ Company / Organization _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) _____ Email _____

On a separate sheet please list contact information for any person(s) associated with the cemetery, such as the operator or custodian, and indicate who should be the initial contact for this cemetery.