

CEMETERY RECORDING FORM			DENOMINATION: <input type="checkbox"/> Catholic <input type="checkbox"/> Uniting <input type="checkbox"/> Anglican <input type="checkbox"/> Jewish <input type="checkbox"/> Presbyt. <input type="checkbox"/> Unknown <input type="checkbox"/> Baptist <input type="checkbox"/> Other: <input type="checkbox"/> Methodist		GRAVE No (or REF No.): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center;">MAIN FAMILY NAME</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
SITE/LOCATION: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			RECORDER/S: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		DATE OF RECORDING: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
PLOT TYPE: <input type="checkbox"/> Individual (Single) <input type="checkbox"/> Double (2 people) <input type="checkbox"/> Group (>2) Total number of interments in this plot: <div style="border: 1px solid black; width: 50px; height: 20px;"></div> Total number of headstones in this plot: <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		LIST OF BURIALS: 1. 2. 3. 4. 5. 6. 7. 8.		DATE OF DEATH:		MARKER FORM: <input type="checkbox"/> Tablet (upright slab) <input type="checkbox"/> Horizontal slab <input type="checkbox"/> Block <input type="checkbox"/> Obelisk/pillar <input type="checkbox"/> Statue/sculpture <input type="checkbox"/> Cross <input type="checkbox"/> Combination <input type="checkbox"/> Other:	
		MARKER SHAPE (sketch): <div style="border: 1px solid black; width: 100%; height: 80px;"></div>		OTHER ASSOC. PLOTS? <input type="checkbox"/> No Name/Ref. No: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <input type="checkbox"/> Yes			
		ORIENTATION: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Northeast <input type="checkbox"/> Southwest <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Southeast <input type="checkbox"/> Northwest					
MONUMENT SIZE: TOTAL HEIGHT: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> (cm)			Plinth: Height: <div style="border: 1px solid black; width: 50px; height: 20px;"></div> (cm) Depth: <div style="border: 1px solid black; width: 50px; height: 20px;"></div> (cm)		COLOUR OF HEADSTONE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: <input type="checkbox"/> Pink <input type="checkbox"/> Grey		
Headstone/monument: Height: <div style="border: 1px solid black; width: 50px; height: 20px;"></div> (cm) Depth: <div style="border: 1px solid black; width: 50px; height: 20px;"></div> (cm) Width: <div style="border: 1px solid black; width: 50px; height: 20px;"></div> (cm)							
MATERIAL: <input type="checkbox"/> Slate <input type="checkbox"/> Sandstone <input type="checkbox"/> Marble <input type="checkbox"/> Brick <input type="checkbox"/> Granite <input type="checkbox"/> Concrete/Cement <input type="checkbox"/> Cast iron <input type="checkbox"/> Timber <input type="checkbox"/> Tile <input type="checkbox"/> Other:		FENCE/BORDER: <input type="checkbox"/> NONE <input type="checkbox"/> Cast iron picket <input type="checkbox"/> Timber picket <input type="checkbox"/> Brick border <input type="checkbox"/> Stone border <input type="checkbox"/> Tile border <input type="checkbox"/> Other:		FENCE/BORDER HEIGHT: <div style="border: 1px solid black; width: 50px; height: 20px;"></div> (cm)			
		INCLUDES FOOTSTONE: <input type="checkbox"/> Yes <input type="checkbox"/> No		LETTERING: <input type="checkbox"/> Engraved <input type="checkbox"/> Lead <input type="checkbox"/> Other:			
				<input type="checkbox"/> Engraved & Painted <input type="checkbox"/> Painted only			
				OTHER ITEMS ASSOCIATED WITH GRAVE: <input type="checkbox"/> NONE <input type="checkbox"/> Photos <input type="checkbox"/> Plantings			
				<input type="checkbox"/> Vase <input type="checkbox"/> Statues <input type="checkbox"/> Other:			
				<input type="checkbox"/> Glass covered display <input type="checkbox"/> Tiles			
				<input type="checkbox"/> Personal items <input type="checkbox"/> Shells			
MOTIFS: <input type="checkbox"/> NONE <input type="checkbox"/> Ribbon <input type="checkbox"/> Ivy <input type="checkbox"/> Masonic <input type="checkbox"/> Other (please list):							
<input type="checkbox"/> Angel <input type="checkbox"/> Dove <input type="checkbox"/> Other foliage <input type="checkbox"/> War service							
<input type="checkbox"/> Wreath <input type="checkbox"/> Flowers <input type="checkbox"/> Book <input type="checkbox"/> Pillar/urn							
<input type="checkbox"/> Hands <input type="checkbox"/> Tree <input type="checkbox"/> Cross <input type="checkbox"/> Anchor							
Detail of motifs (i.e type of flower/leaf/cross etc):							
INSCRIPTION (Please record exactly as it reads, i.e. line by line and in same spatial order): <div style="border: 1px solid black; width: 100%; height: 100px;"></div>			STYLE OF LANGUAGE: <input type="checkbox"/> Emotive <input type="checkbox"/> Biographical <input type="checkbox"/> Factual <input type="checkbox"/> Religious		KEY WORDING (select more than one if required): <input type="checkbox"/> Sacred to the memory of <input type="checkbox"/> In loving memory of/ In memory of <input type="checkbox"/> Beloved <input type="checkbox"/> Re-union/re-united <input type="checkbox"/> Resting/sleeping <input type="checkbox"/> Religious <input type="checkbox"/> Personalised inscription <input type="checkbox"/> Passed away/leaving <input type="checkbox"/> War Service <input type="checkbox"/> No embellishment <input type="checkbox"/> Other (specify):		
			TENSE/AUTHOR: <input type="checkbox"/> Written in first person ('I', 'me') <input type="checkbox"/> Written in third person ('He', 'she') <input type="checkbox"/> Written by spouse <input type="checkbox"/> Written by children <input type="checkbox"/> Written by friend/other <input type="checkbox"/> War Service		<input type="checkbox"/> Family patriarch <input type="checkbox"/> Order of death <input type="checkbox"/> Position within family unit (e.g. mother, son, wife) <input type="checkbox"/> Unrelated to others		
			PHOTOS:		MASON:		
					TOWN:		