

HEADSTONE TRANSCRIPTION FORM

Name of Cemetery: _____

Location of Cemetery: _____

Starting Point: _____

Row#/ Grave #	Headstone Inscription	Marker Description
		Headstone Composition: _____ _____ Foot Stone: _____ _____ Artwork: _____ _____ Grave Decorations: _____ Other: _____ _____ Condition of Stone: _____ Condition of Inscription: _____ Direction of Grave: _____ Direction Inscription Faces: _____ Photograph Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Headstone Composition: _____ _____ Foot Stone: _____ _____ Artwork: _____ _____ Grave Decorations: _____ Other: _____ _____ Condition of Stone: _____ Condition of Inscription: _____ Direction of Grave: _____ Direction Inscription Faces: _____ Photograph Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
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