

**Cemetery Questionnaire**

Date: \_\_\_\_\_  
Form Completed By: \_\_\_\_\_

**Section 1 - Cemetery**

1.1 Name \_\_\_\_\_  
1.2 Location/Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
1.3 Please provide directions to the cemetery. (Use additional paper if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 - Cemetery Owner**

2.1 Name \_\_\_\_\_  
2.2 Address(if different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
2.3 Daytime Phone \_\_\_\_\_  
2.4 Sexton's Name \_\_\_\_\_

**Section 3 - Person Responsible for Maintaining Cemetery Records**

3.1 Name \_\_\_\_\_  
3.2 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
3.3 Daytime Phone \_\_\_\_\_

**Section 4 - Cemetery Records and Map**

**Records**

4.1 Handwritten/Typewritten  Sexton's Books  Ledgers  Other - please list \_\_\_\_\_  
4.2 Computerized Database  yes  no What Software? \_\_\_\_\_  
4.3 Please provide other information relative to status, condition, accuracy, and completeness of cemetery records. (Use additional paper if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

**Map:**

4.4 Is there a map of the cemetery?  yes  no If yes, please return a copy if possible.  
4.5 How was the map created?  Hand drawn  Computer Generated What Software? \_\_\_\_\_  
**Accuracy – Please rate the accuracy of the map.**  
4.6 Please rate the accuracy of the map, based on a scale of 1-5, 1 being highly precise and 5 being a simple visual representation or schematic in nature.  1  2  3  4  5  
4.7 Please provide other information relative to status, condition, accuracy, and completeness of the cemetery map. (Use additional paper if necessary).  
\_\_\_\_\_

**Section 5 - Cemetery Statistics**

5.1 Size (acres or square feet) \_\_\_\_\_  
5.2 Number of burial spaces \_\_\_\_\_  
5.3 Total occupied spaces \_\_\_\_\_  
5.4 Year established \_\_\_\_\_  
5.5 Year of first burial \_\_\_\_\_  
5.6 Year of latest burial \_\_\_\_\_  
5.7 Is the Cemetery Active?  yes  no

**Section 6 - Additional Information**

6.1 Please comment on the origin of the cemetery, burials of historical significance, or other notable events relating to the cemetery. (Use additional paper if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed form to:**  
Gateway Mapping, Inc.  
240 West Center, Suite 200, Orem, UT 84057  
**Or Fax to:**  
801-226-0394