### 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: 
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.)

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