Kentucky Historical Society

Cemetery Preservation Program

Return form to:
Ann Johnson
Cemetery Preservation Program,

100 W. Broadway, Frankfort, KY 40601 Phone: 502-564-1792 ext. 4404, Fax: 502-564-4701

KENTUCKY CEMETERY CENSUS Survey Form

The Kentucky Historical Society is maintaining a database of all cemeteries and burial sites in the state to provide a permanent record for preservation and educational purposes. Please help us by completing and returning this form to provide information on cemeteries and burial sites that you are aware of. To find out if a cemetery has already been submitted, please call us at the phone number above.

Please complete all information that you know; write "Unsure" or "Not applicable" for any question for which you cannot obtain the answer.

Name of Cemetery:	Date of survey:
Location of Cemetery (address):	County:
	GPS Location of the Cemetery (if known):
Owner of the Cemetery:	Is the cemetery still in use (active burials)?
	Is the cemetery/burial ground abandoned? If so, can you provide last known contact?
Contact Person/Phone Number for the Cemetery:	Total Number of Acres in Cemetery:
	Approximate Number of Existing Tombstones:
Type of Owner: Religious group Private family burial ground Non-profit organization	Number of Other Burial Structures (Mausoleums, etc.):
□ Sole proprietorship□ Corporate□ Other	Are There Areas Where Graves Are Unmarked?

How is maintenance currently provided?	How would you rate the current condition of	
Community or nonprofit organization	cemetery or burial site?	
☐ Cemetery organization, board, or committee	□ Well maintained and cared for	
□ Church group	□ Adequately maintained	
□ Volunteers	□ Needs maintenance	
□ Government	□ Neglected	
□ Other	□ Abandoned	
Have arrangements been made for perpetual care and	maintenance expenses of the cemetery, i.e. trust fund.	
nonprofit friends group, etc.? Explain.	, , , , , , , , , , , , , , , , , , ,	
		
HISTORICAL INFORMATION—Continue on additional sheets if necessary		
Earliest Death Date Recorded:	Latest Death Date Recorded:	
Are you aware of any particularly culturally or historically significant gravesites or other facts concerning		
this cemetery?		
Notes: Include any additional information that you wo		
religious affiliation, major period of use, relationship o	f the cemetery to the community or original family	
owner, etc.		
Bibliography and/or References: List all resources that	can provide information on this cemetery including	
books, records, maps, and personal interviews. Continue on additional sheet if necessary.		
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Sketch Map: If possible, please provide a general sketch of the cemetery showing its location in relation to nearest cross streets and/or major natural features (rivers, etc.). Note any buildings adjacent to the cemetery.		
Name and Address of Person Completing This Survey:	Phone Number:	
	Email Address:	

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