NEBRASKA STATEWIDE CEMETERY REGISTRY (NSCR) REGISTRATION FORM

1. NAME OF CEMETERY ENTITY_______________________________________________________
   ALTERNATE NAMES_____________________________________________________________

2. PHYSICAL ADDRESS:
   STREET/ROAD/ETC.______________________________________________________________
   CITY/TOWN/VILLAGE_______________
   STATE________________ ZIP CODE_____________

3. LOCATION NAME:
   Cemetery/entity is inside corporate limits of the city/town/village of_______________
   Cemetery/entity is outside corporate limits of the city/town/village in precinct__________

4. LEGAL DESCRIPTION: (Not required if located within city/town/village limits):
   QUARTER_____________ RANGE_____________
   SECTION_____________ LONGITUDE/LATITUDE (if known)
   TOWNSHIP____________ RANGE_____________

5. COUNTY_____________

6. Type (Check ALL that apply, for example, a cemetery (marked tombstones, etc.) with mausoleums (building with burial vaults) and columbaria (vaults for cremated remains in urns) should check all three):
   Cemetery_____ Mausoleum_____ Columbarium_____ Unmarked Graves/Burial Grounds
   Native American_____ Archeological Site_____ Unknown_____
   Other (Specify) _____________________________________________________________

7. IS CEMETERY ENTITY LOCATED ON PUBLIC OR PRIVATE LAND?
   Public_____ Private_____ Unknown_____

8. Establishment Date(s) ________________________________
   Unknown_____

9. Abandonment Date(s) ______________________________
Not Abandoned_____ Unknown____

10. Does a plat map exist?
    Yes____
    No____
    Unknown____
    Not applicable____
    If yes, please provide a copy to the NSHS (this is desirable, but funding is not available to reimburse for reproduction expenses).
    Comments__________________________________________________________

11. Do burial/lot records exist?
    Yes____
    No____
    Unknown____
    Not applicable____
    If they exist, are they available for public inspection?
        Yes____
        No____
    Comments__________________________________________________________

12. Have tombstone transcriptions been compiled?
    Yes____
    No____
    Unknown____
    Not Applicable____
    If yes, please provide access information:
        Source title (if available in a published text provide title, author, date of publication, etc.)______________________________________________
        Web address (if transcriptions have been placed on the World Wide Web)_______
        Other (provide name of individual, institution, etc. where the copy or copies of listings are available for public use)*___________________________________

*In some cases a copy may already be available at the Nebraska State Historical Society.

13. Submitter’s Name (name of individual who is providing information on this questionnaire):
    Name__________________________________________
    Representing____________________________________
    Address________________________________________
    ______________________________________________
    ______________________________________________
    ______________________________________________
    Phone_________________ Fax____________________
    E-Mail__________________________________________

Should this name and address be the initial contact for this cemetery entity?
Yes_____ No_____  
If no, which Contact (owner, operator, or custodian) should be listed? ______________

PLEASE RECORD AS APPLICABLE:

14. OWNER: Same as Submitter______If not please provide:  
Name__________________________________________
Representing____________________________________
Address________________________________________
Phone________________________ Fax________________
E-Mail__________________________________________

15. OPERATOR: Same as Submitter______Same as Owner______If not please provide:  
Name__________________________________________
Representing____________________________________
Address________________________________________
Phone________________________ Fax________________
E-Mail__________________________________________

16. CUSTODIAN: Same as Submitter____ Same as Owner____ Same as Operator____ If not please provide:  
Name__________________________________________
Representing____________________________________
Address________________________________________
Phone________________________ Fax________________
E-Mail__________________________________________

17. ADDITIONAL COMMENTS, NOTES, ETC.__________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Thank you for completing this questionnaire. Please print a copy of the completed registration form. Mail a copy of the form to the following address or fax to the number listed. You may be contacted in the future for further verification. A copy of your registration form should be maintained with the records of your cemetery entity and reviewed on a regular basis. Updates should be sent promptly to the Registry. Registrants on file may be contacted every ten years for verification.

Questions may be e-mailed to cindy.drake@nebraska.gov. Registration information will be placed on file and public information will be available upon request. For further information about the Cemetery Registry contact via the address information given below or visit the Nebraska State Historical Society website (www.history.nebraska.gov). REMINDER: Any changes of addresses, etc. should be submitted to the Registry.

Nebraska Statewide Cemetery Registry  Phone: 402-471-4786  
History Nebraska  Fax: 402-471-8922  
1500 R Street  04/04/2019  
Lincoln, NE 68508-1651