

NEBRASKA STATEWIDE CEMETERY REGISTRY (NSCR) REGISTRATION FORM

1. **Name of Cemetery Entity:** _____

Alternate names: _____

2. **Physical Address:** Street/Road/Etc.: _____

Municipality: _____ County: _____ Zip Code: _____

3. **Location Name:**

Cemetery/Entity is Inside Corporate Limits of the Municipality of: _____

Cemetery/Entity is Outside the Limits of Any Municipality, in Precinct: _____

4. **Legal Description:** (Not Required If Located Within Municipal Limits):

Quarter, Section, Township, Range: _____

Longitude/Latitude (If Known) _____

5. **Type:** (Check all that apply. For example, a cemetery (marked tombstones, etc.) with mausoleums (building with burial vaults) and columbaria (vaults for cremated ashes in urns) should check all 3):

Native American: Archeological Site: Cemetery: Mausoleum: Columbarium:

Unmarked Graves/Burial Grounds: Unknown: Other (Specify): _____

6. **Is the Cemetery Entity Located On Public Or Private Land?**

Public: Private: Unknown:

7. **Establishment Date(s):** _____ Unknown:

8. **Abandonment Date(s):** _____ Not Abandoned: Unknown:

9. **Does a Plat Map Exist?** Yes*: No: Unknown: Not Applicable:

Comments: _____ (*If yes, please provide a copy to History Nebraska: this is desirable, but funding is not available to reimburse for reproduction expenses).

10. **Do Burial/Lot Records Exist?** Yes: No: Unknown: Not Applicable:

If They Exist, Are They Available For Public Inspection? Yes: No:

Comments: _____

11. **Have Tombstone Transcriptions Been Compiled?** Yes: No: Unknown: Not Applicable: If Yes, Please Provide Access Information: Source Title, Web Address, or Other:

12. **Submitter's Name** (Name Of Individual Who Is Providing Information On This Questionnaire):

Name: _____ Representing: _____

Address: _____

Phone: _____ Email: _____

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:

13. **Owner:** Same As Submitter: If Not, Please Provide:

Name: _____ Representing: _____

Address: _____

Phone: _____ Email: _____

14. **Operator:** Same As Submitter: If Not, Please Provide:

Name: _____ Representing: _____

Address: _____

Phone: _____ Email: _____

15. **Custodian:** Same As Submitter: If Not, Please Provide:

Name: _____ Representing: _____

Address: _____

Phone: _____ Email: _____

16. **Additional Comments, Notes, Etc.:** _____

Thank you for completing this questionnaire; please print a copy of the completed registration form and mail it to the following address: **Nebraska Statewide Cemetery Registry, History Nebraska, 1500 R Street, Lincoln, NE 68508-1651**. You may be contacted in the future for further verification. A second copy of your registration form should be maintained with the records of your cemetery entity and reviewed on a regular basis, with any updates sent to the Registry.

Registrants on file may be contacted every ten years for verification. Registration information will be placed on file, and public information will be available upon request. For further information about the cemetery registry, visit history.nebraska.gov/cemetery, or contact HN.Cemetery@nebraska.gov.