Office use only _____ / _____

Date: _____Cemetery _____ City/Location _____
Name of File: _____ GPS* _____ N _____W
Photographer_____ Phone# _____ Page ____ of ____
Misc, Time of day, Weather, Directions:_____
_____
_____

Section: _____ Block: _____ Lot: _____

Grave #	Name of Deceased	Date: B/D	#of Pictures

Pictures needed from both sides of 2-sided stone, on 4-sided stone, only sides with something on it. Use #2 soft lead pencil.

Tomb2003 project 2/2003