



Chicora Foundation, Inc.
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CEMETERY VANDALISM/DAMAGE REPORT FORM

Cemetery: Number of Stones/Objects Involved: **Are Human Remains Involved:**
 yes no

Grave #: Section #: Lot #:

Date/Time Damage was First Observed: am/pm Name of Observer:

Date Last Observed Undamaged: am/pm Name of Observer:

Potential Witnesses:

Nature of Damage (attach photographs of damage):

Date Reported to Police: Investigating Officer:

Police Incident No: (Attach a legible copy of police report to this form)

Estimate of Damage (attach justification, conservation treatment proposals): \$

Owners of Monuments Identified: yes no Owners Will Repair: yes no not certain

Follow Up with Police:

Repairs Undertaken by Cemetery (attach conservation treatment reports):

Total Cost of Repairs: \$ Insurance Eligible: yes no Date Claim Submitted:
 Date Claim Approved/Paid: Amount of Claim Payment: \$

Internal Evaluation for Future Prevention:

Form Completed By: Date(s):