

STATE:
COUNTY:
FOR NPS USE ONLY
ENTRY NUMBER DATE

**NATIONAL REGISTER OF HISTORIC PLACES
INVENTORY - NOMINATION FORM**

(Type all entries - complete applicable sections)

1. NAME
COMMON: Resurrection Episcopal Church Graveyard
AND/OR HISTORIC:

2. LOCATION
STREET AND NUMBER:
CITY OR TOWN: Joppa
STATE: Md CODE COUNTY: Harford CODE

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> Building <input type="checkbox"/> <u>Site</u> <input checked="" type="checkbox"/> Structure <input type="checkbox"/> Object <input type="checkbox"/>	Public <input type="checkbox"/> Private <input type="checkbox"/> <u>Church</u> <input checked="" type="checkbox"/>	Public Acquisition: Occupied? <input type="checkbox"/> <u>Unoccupied</u> <input checked="" type="checkbox"/> In Process <input type="checkbox"/> Being Considered <input type="checkbox"/> Preservation work in progress <input type="checkbox"/>	Yes: Restricted <input type="checkbox"/> <u>Unrestricted</u> <input checked="" type="checkbox"/> No: <input type="checkbox"/>

PRESENT USE (Check One or More as Appropriate)

Agricultural <input type="checkbox"/>	Government <input type="checkbox"/>	Park <input type="checkbox"/>	Transportation <input type="checkbox"/>	Comments <input type="checkbox"/>
Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Private Residence <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	
Educational <input type="checkbox"/>	Military <input type="checkbox"/>	<u>Religious</u> <input checked="" type="checkbox"/>		
Entertainment <input type="checkbox"/>	Museum <input type="checkbox"/>	Scientific <input type="checkbox"/>		

4. OWNER OF PROPERTY
OWNERS NAME: the Protestant Episcopal Church
STREET AND NUMBER: 105 W. Monument Street
CITY OR TOWN: Baltimore STATE: Md CODE: 21201

5. LOCATION OF LEGAL DESCRIPTION
COURTHOUSE, REGISTRY OF DEEDS, ETC.: CLERK OF THE CIRCUIT COURT
STREET AND NUMBER: HARFORD COUNTY COURTHOUSE 40 S. MAIN ST.
CITY OR TOWN: BEL AIR STATE: MARYLAND CODE

ACREAGE APPROXIMATE ACREAGE OF NOMINATED PROPERTY:

6. REPRESENTATION IN EXISTING SURVEYS
TITLE OF SURVEY:
DATE OF SURVEY: Federal State County Local
DEPOSITORY FOR SURVEY RECORDS:
STREET AND NUMBER:
CITY OR TOWN: STATE: CODE

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N. R. FIELD SHEET

HR-961

7. DESCRIPTION

CONDITION	(Check One)					
	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Deteriorated <input type="checkbox"/>	Ruins <input type="checkbox"/>	Unexposed <input type="checkbox"/>
INTEGRITY	(Check One)			(Check One)		
	Altered <input type="checkbox"/>	Unaltered <input type="checkbox"/>		Moved <input type="checkbox"/>	Original Site <input type="checkbox"/>	

DESCRIBE THE PRESENT AND ORIGINAL (If known) PHYSICAL APPEARANCE

SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

- | | | | |
|----------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Pre-Columbian <input type="checkbox"/> | 16th Century <input type="checkbox"/> | 18th Century <input type="checkbox"/> | 20th Century <input type="checkbox"/> |
| 15th Century <input type="checkbox"/> | 17th Century <input type="checkbox"/> | 19th Century <input type="checkbox"/> | |

SPECIFIC DATE(S) (If Applicable and Known)

AREAS OF SIGNIFICANCE (Check One or More as Appropriate)

- | | | | |
|-----------------------------------------|---------------------------------------|----------------------------------------------|------------------------------------------|
| Aboriginal <input type="checkbox"/> | Education <input type="checkbox"/> | Political <input type="checkbox"/> | Urban Planning <input type="checkbox"/> |
| Prehistoric <input type="checkbox"/> | Engineering <input type="checkbox"/> | Religion/Philosophy <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> |
| Historic <input type="checkbox"/> | Industry <input type="checkbox"/> | Science <input type="checkbox"/> | _____ |
| Agriculture <input type="checkbox"/> | Invention <input type="checkbox"/> | Sculpture <input type="checkbox"/> | _____ |
| Art <input type="checkbox"/> | Landscape <input type="checkbox"/> | Social/Humanitarian <input type="checkbox"/> | _____ |
| Commerce <input type="checkbox"/> | Architecture <input type="checkbox"/> | Theater <input type="checkbox"/> | _____ |
| Communications <input type="checkbox"/> | Literature <input type="checkbox"/> | Transportation <input type="checkbox"/> | _____ |
| Conservation <input type="checkbox"/> | Military <input type="checkbox"/> | | _____ |
| Architecture <input type="checkbox"/> | Music <input type="checkbox"/> | | _____ |

STATEMENT OF SIGNIFICANCE (Include Personages, Dates, Events, Etc.)

[Empty space for statement of significance]

9. MAJOR BIBLIOGRAPHICAL REFERENCES

Blank area for Major Bibliographical References.

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORDINATES DEFINING A RECTANGLE LOCATING THE PROPERTY			O R	LATITUDE AND LONGITUDE COORDINATES DEFINING THE CENTER POINT OF A PROPERTY OF LESS THAN ONE ACRE		
CORNER	LATITUDE	LONGITUDE		LATITUDE	LONGITUDE	
	Degrees Minutes Seconds	Degrees Minutes Seconds		Degrees Minutes Seconds	Degrees Minutes Seconds	
NW	° ' "	° ' "		° ' "	° ' "	
NE	° ' "	° ' "		° ' "	° ' "	
SE	° ' "	° ' "		° ' "	° ' "	
SW	° ' "	° ' "		° ' "	° ' "	

LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES

STATE:	CODE	COUNTY	CODE

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION: **JEAN S. EWING** DATE: _____

MARYLAND HISTORICAL TRUST

STREET AND NUMBER: **2525 RIVA ROAD**

CITY OR TOWN: **ANNAPOLIS** STATE: **MARYLAND** CODE: _____

12. STATE LIAISON OFFICER CERTIFICATION

NATIONAL REGISTER VERIFICATION

As the designated State Liaison Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service. The recommended level of significance of this nomination is:

National State Local

Name _____

Title _____

Date _____

I hereby certify that this property is included in the National Register.

Chief, Office of Archeology and Historic Preservation

Date _____

ATTEST:

Keeper of The National Register

Date _____