

GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: A21

Other Refs (include details of earlier surveys):

Surveyor (include group if applicable): Fortingall Roots (AW and CT)

Date: 16 June 2015

PART 1: Situation

1. MEMORIAL EXPOSURE: Not enclosed Enclosed by a structure Built into a wall 2. EXPOSED FACES: All N S E W U(pward) None

3. LAND TYPES AND FEATURES AROUND THE MEMORIAL:

Include all features / land types within 5m of a memorial - even if these fall outside the graveyard itself, tick box to show direction and distance

	within 5 metres	within 1 metre	touching
Grassed Surface	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> All
Shrubs / Flower Beds	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Exposed soil	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Other Memorial(s)	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Church / Chapel	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Graveyard Path	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Graveyard Entrance	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Graveyard Dyke	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Burial Enclosure: Walled	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Other enclosure e.g. railed	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Public Road / Footpath	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Other Feature / Land Use - state	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All

Other Feature / Land Use - state

	within 5 metres	within 1 metre	touching
Trees – memorial is	under the canopy <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	within 1 metre of trunk <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	touching trunk <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All
Embankment - memorial is	at top of slope <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	on slope <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	at bottom of slope <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All

4. ORIENTATION OF MAJOR FACE:

N S E W Up Downward / Fallen over

PART 2: Material & Design

5. SUMMARY OF MATERIALS USED:

Memorial made entirely from stone(s) fill out 6; Memorial made from stone and another material fill out 6 & 7; Memorial made entirely from a material other than stone fill out 7

6. STONE TYPE

Please describe different coloured examples of the same stone type as separately (e.g. red granite and black granite)

STONE 1 (MAIN)

Colour: Black - polished

Sandstone

Marble

Granite

Slate

Other – state

STONE 2 (SECONDARY)

Colour: Grey - unpolished

Sandstone

Marble

Granite

Slate

Other – state

ANY OTHER STONES USED

Colour:

Sandstone

Marble

Granite

Slate

Other – state

17. INSCRIPTION TRANSCRIPT:

Location: please note which face is being transcribed [N, S, E, W or U(pwards)]. When more than one inscription panel exists on the same face note panel number and where necessary refer to a sketch drawing.

Transcript: Adhere to the same layout as found on the memorial, note any area where the inscription is obscured / lost with a dashed line. Remember to include any stonemason's signatures. If necessary use a continuation sheet.

Location	Transcript
	In
	LOVING MEMORY
	OF
	CHARLES FORD
	WHO DIED AT BALNACRAIG
	28TH NOVR 1913, AGED 72 YEARS
	ALSO HIS WIFE
	ISABELLA PROUDFOOT
	WHO DIED 8TH NOVR 1917,
	AGED 72 YEARS
	AND THEIR SON
	ALEXANDER
	WHO DIED 14TH MARCH 1914
	AGED 34 YEARS
	ALSO THEIR SON
	JOHN
	WHO DIED 10TH SEPT 1953
	DEAR HUSBAND OF
	ISABEL SMITH
	WHO DIED 14TH JANU 1954
	AND IAN THEIR SON
	WHO DIED IN MALAYA 15TH FEBY 1947
	"I STAND UPON HIS MERIT, I KNOW NO OTHER STAND"
[west face]	
	AND THEIR SON
	ALASTAIR MCNEIL FORD
	DIED 4TH MAY 1979 AGED 74
	MUCH LOVED HUSBAND OF KAY KENNEDY

Location: please note which face is being transcribed, etc. (see Appendix). When more than one inscription is present on the stone indicate their relationship where necessary refer to a sketch drawn to illustrate. Adhere to the center layout as far as possible, and any area where the inscription is obscured, cover with a grid and describe in detail the obscuring element. If necessary use a coordinate grid.



1