

## GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: A35

Other Refs (include details of earlier surveys):

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

Date: 22 August 2013

## 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 checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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
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 checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> All
Other Memorial(s)	<input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" 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
Church / Chapel	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 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 type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" 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 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

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

Sandstone

Marble

Granite

Slate

Other – state

STONE 2 (SECONDARY)

Colour:

Sandstone

Marble

Granite

Slate

Other – state

ANY OTHER STONES USED

Colour:

Sandstone

Marble

Granite

Slate

Other – state

**7. OTHER MATERIAL(S)**  
 please note any other materials used to make or decoration the memorial. Do not include materials used for letting (see question 8)

Iron  Bronze  Brick  Artificial stone  Concrete  Photograph   
 Porcelain  Terracotta  Ceramic tiles  Wood  Other  state

Briefly describe, if necessary use the continuation sheet

**8. OTHER MATERIALS USED FOR LETTERING:** Lead lettering  Other  state

**9. INSCRIPTION TECHNIQUE:** Inscribed  Inlaid  Relief  Other  state

**10. HAS THE MEMORIAL'S SURFACE BEEN PAINTED?** No  Yes  please note current coverage

Total coverage  Paint partially worn away  Only traces of paint remain

**11. NUMBER OF STONE BLOCKS USED TO MAKE THE MEMORIAL:** Do not include foundations or count individual fragments resulting from breakage

1  2  3-4  5-10  More than 10

**12. MEMORIAL DIMENSIONS** provide an estimate if access is difficult

Height (cm): 144 Width (cm): 56 Depth (cm): 14

**13. ARE THE MEMORIALS FOUNDATIONS VISIBLE?** No  Yes  please note material(s)

Brick  Concrete  Stone  Other  state

**14. MEMORIAL CLASS:**

Obelisk  Wall monument  Ledger / flat Stone  Headstone   
 Free standing Cross  Sculpture  Chest tomb  Other tomb  state  
 Other memorial  state

**15. ASSOCIATED FEATURES OR COMPONENTS** is the memorial associated with any graveyard features or monumental components (e.g. railings, kerbstones, burial enclosures, burial vaults, burial aisles, gateway, mortsafes, mausoleums) No  Yes  - briefly describe if necessary use the continuation sheet

**16. DOES THE MEMORIAL BEAR ANY SCULPTURE OR SYMBOLS?** No  Yes

Oak leaves and acorns in relief

**PART 3: Memorial Inscription**

<b>17. INSCRIPTION EXTENT:</b>	Memorial fallen over downward face not visible <input type="checkbox"/>				
	tick appropriate box for all faces				
Face never inscribed	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	Up <input type="checkbox"/>
Inscribed area no longer discernible / destroyed	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	Up <input type="checkbox"/>
Less than 1/4 of the total surface area covered by the inscription	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	Up <input type="checkbox"/>
More than 1/2 of the total surface area covered by the inscription	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input checked="" type="checkbox"/>	W <input type="checkbox"/>	Up <input type="checkbox"/>

**18. IS THERE A STONEMASON'S NAME ON THE MEMORIAL?** No  Yes  please state( using the same format as on the memorial)

**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 MEMORY OF
	JAMES CAMPBELL
	DIED AT TOMNACROICH
	12 <sup>TH</sup> OCT. 1881
	ALSO HIS WIFE
	ANN M <sup>C</sup> FARLANE
	DIED 22 <sup>ND</sup> OCT. 1893
	AND THEIR FAMILY
	JANE
	DIED AT PERTH 23 <sup>RD</sup> APRIL 1881
	CHRISTINA
	WIFE OF ALEX. LAING
	DIED 3 <sup>RD</sup> AUGUST 1912
	JOHN
	DIED 17 <sup>TH</sup> JAN. 1938
	ANN
	DIED 19 <sup>TH</sup> OCT. 1938
	JAMES
	DIED 4 <sup>TH</sup> DECEMBER 1947

