

GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: B21

Other Refs (include details of earlier surveys):

Surveyor (include group if applicable): Fortingall Roots (NH)

Date: Not recorded

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

	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: Not recorded

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

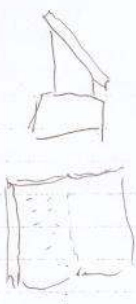
7. OTHER MATERIAL(S) please note any other materials used to make or decoration the memorial. Do not include materials used for letting (see question 8) Iron <input type="checkbox"/> Bronze <input type="checkbox"/> Brick <input type="checkbox"/> Artificial stone <input type="checkbox"/> Concrete <input type="checkbox"/> Photograph <input type="checkbox"/> Porcelain <input type="checkbox"/> Terracotta <input type="checkbox"/> Ceramic tiles <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> state <i>Briefly describe, if necessary use the continuation sheet</i>					
8. OTHER MATERIALS USED FOR LETTERING: Lead lettering <input checked="" type="checkbox"/> Other <input type="checkbox"/> state					
9. INSCRIPTION TECHNIQUE: Inscribed <input type="checkbox"/> Inlaid <input type="checkbox"/> Relief <input checked="" type="checkbox"/> Other <input type="checkbox"/> state					
10. HAS THE MEMORIAL'S SURFACE BEEN PAINTED? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <i>please note current coverage</i> Total coverage <input type="checkbox"/> Paint partially worn away <input type="checkbox"/> Only traces of paint remain <input type="checkbox"/>					
11. NUMBER OF STONE BLOCKS USED TO MAKE THE MEMORIAL: Do not include foundations or count individual fragments resulting from breakage 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input checked="" type="checkbox"/> 5-10 <input type="checkbox"/> More than 10 <input type="checkbox"/>					
12. MEMORIAL DIMENSIONS <i>provide an estimate if access is difficult</i> Height (cm): 52 Width (cm): 50 Depth (cm): 25					
13. ARE THE MEMORIALS FOUNDATIONS VISIBLE? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <i>please note material(s)</i> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Other <input type="checkbox"/> state					
14. MEMORIAL CLASS: Obelisk <input type="checkbox"/> Wall monument <input type="checkbox"/> Ledger / flat Stone <input checked="" type="checkbox"/> Headstone <input type="checkbox"/> Free standing Cross <input type="checkbox"/> Sculpture <input type="checkbox"/> Chest tomb <input type="checkbox"/> Other tomb <input type="checkbox"/> state Other memorial <input checked="" type="checkbox"/> <i>Open Book</i>					
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> - <i>briefly describe if necessary use the continuation sheet</i>					
16. DOES THE MEMORIAL BEAR ANY SCULPTURE OR SYMBOLS? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <i>briefly describe, noting whether carving is relief or incised. If necessary use the continuation sheet to sketch carvings</i>					
PART 3: Memorial Inscription					
17. INSCRIPTION EXTENT: 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 ¼ 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 checked="" type="checkbox"/>
More than ½ 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"/>
18. IS THERE A STONEMASON'S NAME ON THE MEMORIAL? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <i>please state(using the same format as on the memorial)</i>					

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 DUNCAN
	IRVINE
	BELOVED HUSBAND OF
	JENNY THOMSON
	WHO DIED AT
	TOMNACROICH FORTINGALL
	7 TH MARCH 1947 [?]
	AGED 33 YEARS

 <p data-bbox="399 235 654 526">IN MEMORY OF JAMES DUNCAN IRVINE BELOVED HUSBAND OF GENNY THOMSON WHO DIED AT TOMNA CROCH PORTINGALL 7th MARCH 1987 AGED 33 YEARS</p>		