

GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: B3

Other Refs (include details of earlier surveys):

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

Date: 16 June 2015

PART 1: Situation1. **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 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 checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> All	<input type="checkbox"/> N <input 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
Other Memorial(s)	<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
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 checked="" 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 checked="" 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)	STONE 2 (SECONDARY)	ANY OTHER STONES USED
Colour: Black	Colour:	Colour:
Sandstone <input type="checkbox"/>	Sandstone <input type="checkbox"/>	Sandstone <input type="checkbox"/>
Marble <input type="checkbox"/>	Marble <input type="checkbox"/>	Marble <input type="checkbox"/>
Granite <input checked="" type="checkbox"/>	Granite <input type="checkbox"/>	Granite <input type="checkbox"/>
Slate <input type="checkbox"/>	Slate <input type="checkbox"/>	Slate <input type="checkbox"/>
Other – state	Other – state	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 Inscribed letters painted gold

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): 40 Width (cm): 30.5 Depth (cm): 5

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
 Incised Wheel Cross

PART 3: Memorial Inscription

17. INSCRIPTION EXTENT: Memorial fallen over downward face not visible
 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 checked="" 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 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
	STEELE FINLAY
	A MUCH LOVED
	HUSBAND AND FATHER
	21.11.1947 – 19.4.2003

NORTH FACE



IN MEMORY OF
STEELE FINLAY
A MUCH LOVED
HUSBAND AND FATHER
21.11.1947 - 19.4.2003