

## GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: C3

Other Refs (include details of earlier surveys):

Surveyor (include group if applicable): Fortingall Roots (FD and FG)

Date: 19 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 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 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
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 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 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
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
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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
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Trees – memorial is	<b>under the canopy</b> <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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
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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
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## 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 (face polished)

Sandstone ☐Marble ☐Granite ☒Slate ☐

Other – state

STONE 2 (SECONDARY)

Colour: Grey

Sandstone ☐Marble ☐Granite ☒Slate ☐

Other – state

ANY OTHER STONES USED

Colour:

Sandstone ☐Marble ☐Granite ☐Slate ☐

Other – state

<b>7. OTHER MATERIAL(S)</b> 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>					
<b>8. OTHER MATERIALS USED FOR LETTERING:</b> Lead lettering <input checked="" type="checkbox"/> Other <input type="checkbox"/> state					
<b>9. INSCRIPTION TECHNIQUE:</b> Inscribed <input type="checkbox"/> Inlaid <input type="checkbox"/> Relief <input checked="" type="checkbox"/> Other <input type="checkbox"/> state					
<b>10. HAS THE MEMORIAL'S SURFACE BEEN PAINTED?</b> 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"/>					
<b>11. NUMBER OF STONE BLOCKS USED TO MAKE THE MEMORIAL:</b> Do not include foundations or count individual fragments resulting from breakage 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> More than 10 <input type="checkbox"/>					
<b>12. MEMORIAL DIMENSIONS</b> <i>provide an estimate if access is difficult</i> Height (cm): 99      Width (cm): 51      Depth (cm): 18					
<b>13. ARE THE MEMORIALS FOUNDATIONS VISIBLE?</b> 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					
<b>14. MEMORIAL CLASS:</b> Obelisk <input type="checkbox"/> Wall monument <input type="checkbox"/> Ledger / flat Stone <input type="checkbox"/> Headstone <input checked="" 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 type="checkbox"/> state					
<b>15. ASSOCIATED FEATURES OR COMPONENTS</b> 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>					
<b>16. DOES THE MEMORIAL BEAR ANY SCULPTURE OR SYMBOLS?</b> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>  Scroll design					
<b>PART 3: Memorial Inscription</b>					
<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 ¼ 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 ½ of the total surface area covered by the inscription	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input checked="" type="checkbox"/>	Up <input type="checkbox"/>
<b>18. IS THERE A STONEMASON'S NAME ON THE MEMORIAL?</b> 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.

[illegible]

<div data-bbox="76 152 582 728"><div><div>front</div><div><div><div>polished</div><div>granite</div><div>rustic</div></div><div>base H 12 W 60 D 40</div></div></div><div><div>side</div><div><div>polished</div><div>granite</div><div>rustic</div></div></div></div> <div data-bbox="395 163 582 365"><p>SACRED TO THE MEMORY OF -THOMAS ROBERTSON DEARLY BELOVED HUSBAND OF ELIZA MARSHALL WHO DIED AT AGE 74 JULY 27TH 1886 AND THE ABILE ELIZA GROSSET MARSHALL WHO DIED 19TH AUGUST 1891. "ASLEEP IN JESUS"</p></div>		