

**GRAVESTONE RECORDING FORM**

Graveyard Ref: Fortingall

Memorial Ref: B115

Other Refs (include details of earlier surveys):

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

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 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
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 checked="" 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 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 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 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

N S E W AllN S E W AllN S E W All

Other Feature / Land Use - state

N S E W AllN S E W AllN S E W All

Trees – memorial is

**under the canopy****within 1 metre of trunk****touching trunk**N S E W AllN S E W AllN S E W All

Embankment - memorial is

**at top of slope****on slope****at bottom of slope**N S E W AllN S E W AllN S E W 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

Sandstone Marble Granite Slate 

Other – state

STONE 2 (SECONDARY)

Colour: Light grey

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  Gold

**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): 100 Width (cm): 45.5 Depth (cm): 8.5

**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  briefly describe, noting whether carving is relief or incised. If necessary use the continuation sheet to sketch carvings

**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 type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input checked="" 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)

[40016]?

**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
	MY HUSBAND
	ANDREW MACBETH
	DIED 30 <sup>TH</sup> APRIL 1946
	ALSO MY MOTHER
	MARGARET STEWART
	DIED JAN. 1935
	AND MY FATHER
	GEORGE ADAMSON
	DIED APRIL 1928
	ALSO MY SISTER AND BROTHERS
	MARY ANN DIED 1906
	GEORGE DIED 1918
	JAMES DIED 1955
	ALEXANDER DIED 1957
	ELIZABETH ADAMSON
	WIFE OF THE ABOVE
	ANDREW MACBETH
	DIED 12 <sup>TH</sup> JUNE 1976
	AT REST



IN MEMORY OF  
MY HUSBAND  
ANDREW MACBETH  
DIED 30TH APRIL 1966  
ALSO MY MOTHER  
MARGARET STEWART  
DIED JAN. 1985  
AND MY FATHER  
GEORGE ADAMSON  
DIED APRIL 1929  
ALSO MY SISTER AND BROTHERS  
MARY ANN DIED 1906  
GEORGE DIED 1910  
JAMES DIED 1935  
ALEXANDER DIED 1937  
ELIZABETH ADAMSON  
WIFE OF THE ABOVE  
ANDREW MACBETH  
DIED 13TH JUNE 1976  
AT REST