

GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: B32

Other Refs (include details of earlier surveys):

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

Date: Not recorded

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 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 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 Path	<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
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

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: Not recorded

Sandstone Marble Granite Slate

Other – state

STONE 2 (SECONDARY)

Colour: Not recorded

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): 137

Width (cm): 57

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

Crown with cross within at angle with foliage

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 checked="" 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 type="checkbox"/>	Up <input type="checkbox"/>

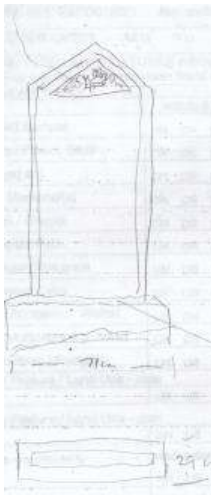
18. IS THERE A STONEMASON'S NAME ON THE MEMORIAL? No Yes *please state(using the same format as on the memorial)*

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
	LOVING MEMORY OF
	CATHERINE BUCHANAN M ^C DONALD
	BELOVED WIFE OF
	ROBERT CAMPBELL GARTH GARDENS
	WHO DIED 24 TH AUGT 1908 AGED 64 YEARS
	AND FOUR CHILDEN WHO DIED YOUNG
	ALSO THE ABOVE
	ROBERT CAMPBELL
	WHO DIED [?] JULY 1919 AGED 77 YEARS
	UNTIL THE [???] DAWN
	DAY

 <p>IN LOVING MEMORY OF CATHERINE EUCHANAN McDONALD BELOVED WIFE OF ROBERT CAMPBELL GRATH GARDENS WHO DIED 20th AUG 1908 AGED 64 YEARS AND FOUR CHILDREN WHO DIED YOUNG ALSO THE ABOVE ROBERT CAMPBELL WHO DIED 7 JULY 1919 (2) AGED 77 YEARS</p> <p>UNTIL THE... DAWN DAY 1</p> <p>29 cm</p>	