

## GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: B69

Other Refs (include details of earlier surveys):

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

Date: 10 April 2014

## 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 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
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 checked="" type="checkbox"/> S <input checked="" 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 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 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 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

	<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
Trees – memorial is	<b>under the canopy</b> <input type="checkbox"/> N <input type="checkbox"/> S <input 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
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

## 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

Sandstone   
 Marble   
 Granite   
 Slate   
 Other – state

STONE 2 (SECONDARY)

Colour: Grey

Sandstone   
 Marble   
 Granite   
 Slate   
 Other – state

ANY OTHER STONES USED

Colour: Grey (large base)

Sandstone   
 Marble   
 Granite   
 Slate   
 Other – state

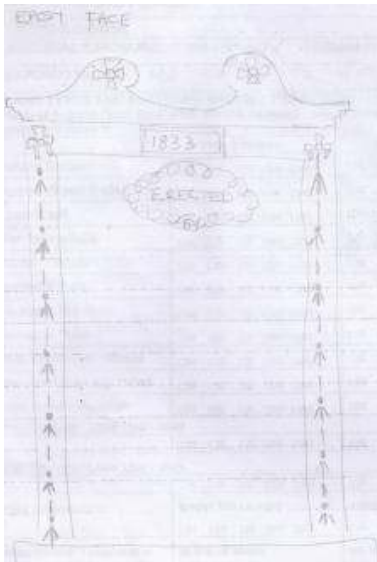


**17. INSCRIPTION TRANSCRIPT:**

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
	1833
	ERECTED
	BY
	JOHN ANDERSON
	Taxman Brae of Foss
	To the Memory of His Wife
	JESSY MENZIES who departed
	This life on the [1 <sup>st</sup> ] Day of Feb 1833
	Aged [32] years. Also their daughter
	ANN ANDERSON who departed
	this life on the s8th day of April 1833
	Aged 1 year. ALSO THEIR SON
	ALEXANDER ANDERSON WHO DIED JUNE 1849
	AGED 19 YEARS. ALSO HIS FATHER
	JOHN ANDERSON WHO DIED 5 <sup>TH</sup> JAN 1872
	AGED 87 YEARS

<p>WEST FACE</p>  <p>ERECTED BY JOHN ANDERSON Treasurer, Board of Free- -Soil, Memory of his wife JESSE MENZIES who departed this life on the 17th day of Feb 1853 Aged 40 years, Also their daughter ANN ANDERSON who departed this life on the 28th day of April 18 50 Aged 1 year, 10 months and 10 days. Also their son JOHN ANDERSON who was born on the 17th of March 1848 and died on the 17th of March 1848</p>		