

## GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall

Memorial Ref: B85

Other Refs (include details of earlier surveys):

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

Date: 15 October 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 checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" 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 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
Other Memorial(s)	<input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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 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 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 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

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 &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: Black

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 type="checkbox"/> Other <input type="checkbox"/> state					
<b>9. INSCRIPTION TECHNIQUE:</b> Inscribed <input checked="" type="checkbox"/> Inlaid <input type="checkbox"/> Relief <input 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): not recorded    Width (cm): not recorded    Depth (cm): not recorded					
<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"/>  Blank shield in circle, flanked by ivy - incised					
<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 checked="" type="checkbox"/>	W <input 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:**

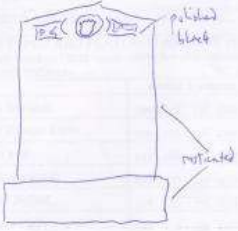
Location: please note which face is being transcribed [N, S, E, W or U(pwards)]. When more than one inscription panel exists on the same face note panel number and where necessary refer to a sketch drawing.

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.

Location	Transcript
	ERECTED TO THE MEMORY
	OF
	DONALD M <sup>C</sup> GREGOR
	WHO DIED AT KIRTON FORTINGALL
	4 <sup>TH</sup> FEBRUARY 1927 AGED 70
	AND HIS WIFE
	ELIZABETH STEWART
	WHO DIED AT KIRTON FORTINGALL
	29 <sup>TH</sup> FEBRUARY 1928 AGED 65

S 85

EAST FACE



ERECTED TO THE MEMORY  
OF  
DONALD MCGREGOR  
WHO DIED AT KIRKTON FORTHGAL  
4TH FEBRUARY 1923 AGED 78  
AND HIS WIFE  
ELIZABETH STEWART  
WHO DIED AT KIRKTON FORTHGAL  
29TH FEBRUARY 1928 AGED 65