

GRAVESTONE RECORDING FORM

Graveyard Ref: Fortingall	Memorial Ref: B88
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Other Refs (include details of earlier surveys):

Surveyor (include group if applicable): Fortingall Roots (NH and RH) Date: 11 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 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 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 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 checked="" 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
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
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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	under the canopy <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	within 1 metre of trunk <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	touching trunk <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	at top of slope <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	on slope <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> All	at bottom of slope <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 & 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)	STONE 2 (SECONDARY)	ANY OTHER STONES USED
Colour: Grey	Colour: Grey	Colour:
Sandstone <input type="checkbox"/>	Sandstone <input type="checkbox"/>	Sandstone <input type="checkbox"/>
Marble <input type="checkbox"/>	Marble <input type="checkbox"/>	Marble <input type="checkbox"/>
Granite - polished <input checked="" type="checkbox"/>	Granite <input checked="" type="checkbox"/>	Granite <input type="checkbox"/>
Slate <input type="checkbox"/>	Slate <input type="checkbox"/>	Slate <input type="checkbox"/>
Other – state	Other – state	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
	IN
	MEMORY OF
	JAMES CHARLES PETRIE
	BELOVED HUSBAND OF
	CHRISTINA M ^C DONALD
	WHO DIED AT INVERVAR
	19 TH FEBRUARY 1947
	AND OF THE ABOVE
	CHRISTINA M ^C DONALD
	WHO DIED AT PERTH
	23 JANUARY 1962

		