

DONOR QUESTIONNAIRE

Please answer as many questions as you are able to. This information is very important in helping us to fully document artifacts in our collection and to use them in our interpretive programs and exhibitions.

Donor and Item Information

Donor's Name: _____ Item(s) (attach list if necessary): _____

Address: _____

Telephone Number: (home) _____ (work) _____ (fax) _____

How long have you owned this object? _____

How did you acquire it? Purchase Inheritance Gift Found Other: _____

From whom did you acquire it? Name: _____ Relationship: _____

When did you acquire it? _____

How did you keep or store it? _____

Are there any documents (such as photographs, letters, bill of sale, or newspaper articles) related to the object that you would like to include in the donation, or allow the museum to copy? The more information and documentation, the better use the Museum would be able to make of your donation: _____

Previous/Original Owner's Information

Was there any previous owner? Yes No Relationship to you: _____

Previous/original owner's name: _____

Birth Date: _____ Place of Birth: _____

Death Date: _____ Place of Death: _____

Marriage Date: _____ Spouse: _____

Children: _____

Where Lived: _____

Occupation: _____

Who made it? _____ Where Made/Purchased: _____

When made/purchased: _____

Of what materials is it made? _____

Did you perform any repairs or make any changes to it while it was in your care? If yes, explain: _____

Please complete information on other side. ⇌

Previous/Original Owner's Information (continued)

How was it used? _____

Who used it? _____

Where was it used? _____

When was it used? _____

Additional Comments: _____

Military Service Record

Please provide information regarding the military service of person associated with the object.

Division of service: US Army US Navy US Marine Corps US Air Force Other: _____

Dates of service: _____

Where stationed: _____

Conflicts (and any significant battles) served in: _____

Final rank attained: _____

Medals/awards received: _____

Additional comments: _____

Please attach any further comments or other relevant information.

Thank you for taking the time to fill out this questionnaire.

Please return to: Collections Manager, NMAJMH, 1811 R Street NW, Washington DC 20009.