



## **ARCHIVAL DONOR QUESTIONNAIRE**

**Accession/Catalogue No.:**

**Accession Date:**

**Source Type(s)/Object(s):**

Please answer any and all questions that you are able to. The information you are able to provide will help us to fully document archival materials in our Sackville Heritage Collection at the Fultz House Museum, and to use them in our interpretive programs, exhibits, research priorities and publications.

Your Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Address: \_\_\_\_\_

How long have you owned this item/object? \_\_\_\_\_

When, how & from who did you acquire this item/object? \_\_\_\_\_

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Were there any previous owners? (Note additional owners' info on extra page if necessary)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_ Place of Burial: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**See over→**

Particulars of the item/object:

If the object is a photograph, please describe the subject of the image—identifying any people, places, dates etc.: \_\_\_\_\_

Who made it? \_\_\_\_\_

When was it made? \_\_\_\_\_

Where was it made? \_\_\_\_\_

What materials is it made of? \_\_\_\_\_

Did you perform any repairs or make any changes to it while it was in your care? Check either “Yes” or “No” in the space provided

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

How was this object used? \_\_\_\_\_

Who used it? \_\_\_\_\_

Where was it used? \_\_\_\_\_

During what period was it used? \_\_\_\_\_

Do you have any personal memories or stories about the item/object that you would like the FCRS Archive Committee to know? \_\_\_\_\_

Additional comments: \_\_\_\_\_