

NORWICH HISTORICAL SOCIETY
277 Main Street, P. O. Box 1680 • Norwich, VT 05055
802.649.0124

QUESTIONNAIRE FOR PROPOSED GIFT

Donor name(s): _____

Address: _____

Telephone: _____ Email: _____

Object Name: _____

Date Object received into Temporary Custody of NHS: _____

How long have you owned this object? _____

How did you acquire the object? Purchase Inheritance Gift Found Other

Where and from whom did you acquire/inherit this object? _____

What was your relationship to the person who willed the object to you? _____

Were there previous owners of this object? Yes No

Please list pertinent information regarding the original or previous owner(s) of the object:

Name of Owner:

Relationship to You:

Owner's Birth & Death Dates:

Name of Spouse:

Marriage Date:

Spouse's Birth & Death Dates:

Where Owner & Spouse Lived:

Occupation of Owner & Spouse:

Who made the object?

What material(s) is the object made of?

Did you perform any repairs, clean, polish or make any changes to the object while it was in your care? If yes, please explain.

Does this object have a function that is not readily apparent? If so, how was it used?

Additional Information or Comments (please use the back of this paper if necessary):