

# Ohio Memory Project Cover Page

Please type or write legibly.

<b>Submitting Organization</b>	<b>Contact Person</b>
<b>Mailing Address</b>	<b>Phone Number</b>
	<b>Fax Number</b>
<b>County</b>	<b>E-mail Address</b>
<b>Authorizing Official</b> <i>(Printed name and title)</i>	<b>URL</b>
<b>Authorizing Official</b> <i>(Signature)</i>	<b>Date</b>

**Return forms to:**

Ohio Memory Project  
Ohio Historical Society  
1982 Velma Avenue  
Columbus, OH 43211-2497

**Direct questions to the Ohio Memory Project staff at:**

Phone: (614) 297-2589  
Fax: (614) 297-2546  
ohiomemory@ohiohistory.org

**Download additional copies of forms (Microsoft Word and PDF formats) at  
<http://www.ohiomemory.org>.**

Submission forms produced using Microsoft Word may be submitted via e-mail. For information on the online form, please contact project staff.

# Ohio Memory Project Collection Description Form

Institution \_\_\_\_\_ Number \_\_\_\_\_ of \_\_\_\_\_ Collection Description Forms

Please fill out one form for each item or group of related items (although only one cover page is necessary). Duplicate this form as needed. Ohio Memory project staff will contact you to obtain additional information.

<b>Collection or Item Name</b> <i>What is the title of the item or group of related materials?</i>	<b>Date(s)</b> <i>What year(s) do materials cover?</i>	<b>Collection Number</b> <i>Acquisition, catalog, call, or other identifying number</i>
<b>Author or Creator</b> <i>Who wrote or created the collection?</i>	<b>Place of Origin</b> <i>Where was it created (if known)?</i>	<b>Size or Extent</b> <i>I.e. 5'x7', 2 c.f., 5 items, 95 pages</i>
<b>Provenance/History</b> <i>Who owned the collection in the past? How was it acquired?</i>	<b>Samples</b> <i>Representative photocopies or snapshots</i>	
	<p><b>Important:</b> Please include a photocopy or photograph of a representative page or image. These cannot be returned. Are samples attached? <input type="checkbox"/> Yes</p> <p>If there is a catalog record or archival finding aid, please provide a copy. Are either/both attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>Historical Significance</b> <i>Please write 1-2 paragraphs describing the type(s) of materials and the aspects of state or local history that they document. Include significant people, places, or events associated with the collection or item. Continue on back of page if needed.</i>		
<b>Other Information or Notes</b>		