



ARTIFACT ACQUISITION INFORMATION RECORD

Complete this form, in as much detail and as accurately as possible, and return it to the address listed below. Please print legibly or type all responses. Use additional sheets for each unique object.

Object(s) and description: _____

Date(s) or period of origin: _____

Geographic place of origin: _____

Artist, manufacturer, or craftsman: _____

Object(s) dimensions (height, width, depth) and weight: _____

Object(s) composition or make-up: _____

Last person to have object(s) in their possession: _____

When: _____ Where: _____

Relationship of donor to original owner/user: _____

Manner in which donor acquired object(s), including date acquired: _____

Any restoration or alterations performed on the object(s): _____

If so, by whom and when: _____

Does the object(s) have any mold/insect/vermin/water damage: _____

Overall size/amount of object(s) (count, boxes, etc.): _____

History of the object(s) (why was it created, who used it, when was it in use, where was it used, how was it used) and any other pertinent information about the object(s) that would assist the Center in its review process.

Donor's Name _____

Donor's Signature _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work/Cell Phone:** _____

E-mail: _____

Please attach any photographs (or CD/DVD for digital images) that would indicate the composition and size of the object(s), how it is currently stored, and representative views of the object(s). For instructions on how to send the images via email, please contact the Center at (916) 808-7072.

Return completed applications to: **Center for Sacramento History**
ATTN: Collections Committee
551 Sequoia Pacific Blvd
Sacramento, CA 95811

CSH staff will acknowledge receipt of this form and may contact you if additional information is required. Thank you for considering the Center for Sacramento History.

OFFICE USE ONLY
Date Received:
Date of Collections Committee review:
Staff Member:
Accept / Reject: