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| **SECTION A**  **Donor Information** |

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| **Owner Contact Information** | |
| First Name\*: | Last Name\*: |
| E-mail\*: | Phone Number\*: |
| **Mailing Address\*** | |
| Street: | City/Town: |
| Province: | Postal Code: |

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| How did you hear about us? |

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| **SECTION B**  **Object Information** |

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| **Donor Contact Information** | |
| Are you the legal owner of the object(s)\*: 🗆 Yes 🗆 No | Legal owner’s name\* (if different from donor) |

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| **OBJECT’S PROVENANCE** | |
| How many objects are you offering for donation? | #\_\_\_\_\_ of \_\_\_\_\_\_ object(s) |
| Approximate date(s) of object |  |
| Who owned the object before you and how did it come to be in your possession? |  |
| How was the object used? |  |
| Where was the object used? |  |
| Is the object in working condition? |  |
| Describe the condition of the object (good, fair, poor) |  |
| Has the object been altered in any way? If yes, then explain how it has been altered. |  |
| List any names, dates, and model numbers found on the object. |  |
| List any corresponding historical significance, family history or contextual information (e.g., original owners full name, date of birth/death, known names of relatives/family members, documented dates, geographic locations or related records). |  |

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| **Please provide electronic images or hard copy photograph(s) of the object, including close-ups of maker’s marks, inscriptions, interesting features, and damage or defects, if possible.** |

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| **SECTION C**  **Object Report (staff only – this section to be completed by Osgoode Township Museum staff)** | |
| Object Information | |
| Nomenclature Identification |  |
| Object Title |  |
| Material |  |
| Date/Period |  |
| Condition |  |
| Distinguishing Marks |  |
| Proposed Storage Location |  |
| Object Description | |
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| Applicable Research | |
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| **Similar Artefacts in the Osgoode Township Museum’s Collection** | | | |
| Accession # | Designation | Location | MINISIS Description |
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| **Applicable Designation** | |
| Primary |  |
| Secondary |  |
| Working |  |
| GMA |  |

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| **Section D**  **Decision of Artefact Committee** | | | |
| Date of Artefact Committee Meeting |  | | |
| **Recommendations** |  | | |
| Comments |  | | |
| Accept Object |  | Designation |  |
| Do Not Accept Object |  | | |
| Post Decision Contact | | | |
| Date donor was notified of decision |  | | |
| Applicable follow up information |  | | |