

Cover Letter

Date (month/day/year): _____

Donor's Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____

Email: _____

Dear Veterans History Project Staff:

Enclosed, please find a total of _____ Veterans History Project collections for the following veterans.

Veteran's Name	Materials Enclosed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have reviewed the following checklist to ensure that each of my collections meets VHP's minimum requirements.

Submission Checklist

- Original, unedited interview/materials
- Audio and Video Recording Log (p.11)
- Veteran's Release Form (p.9)
- Materials meet minimum quantities (p.3)
- Recordings last at least 30 minutes each
- Photograph Log (p.14)
- Interviewer's Release Form (p.10)
- Biographical Data Form (p.7)
- One recording per media format (CD, DVD etc.)
- Manuscript Data Sheet (p.15)

Signed, _____

Biographical Data Form (Required)

To ensure inclusion in the Veterans History Project, this form must accompany each submission. Please use reverse or additional sheet if service was in more than one war or conflict.

Please Print Clearly

Veteran's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: () _____ Email: _____

Place of Birth: _____ Birth Date: _____ Death Date: _____
(month/day/year) (month/day/year)

Next of Kin: Name and Address: _____

Race/Ethnicity (optional): _____ Male Female

Though you are not required to do so, providing this information will help researchers and ensure our collections accurately reflect the diversity of all who served.

Branch of Service or Wartime Activity: _____

Commissioned Enlisted Drafted Service dates: _____ to _____

Highest Rank: _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.): _____

War, operation or conflict: _____

Locations of military service: _____

Battles/campaigns (Names): _____

Medals or service awards (Please list as specifically as possible.): _____

Special duties/highlights/achievements: _____

Was the veteran a prisoner of war? Yes No

Did the veteran sustain combat or service-related injuries? Yes No

Interviewer (if applicable): _____

(Please use reverse for any additional biographical information.)

Biographical Data Form (Please print, complete and submit with the collection)

Veteran's Release Form (Required)

(See reverse for Interviewer's Release Form)

To be Completed by Veteran (In cases of deceased veterans, to be completed by the donor of the material.)

I, _____, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections.

Accepted and Agreed

Signature: _____

Date (month/day/year): _____

Printed Name: _____

Veteran's Address: _____

Veteran's Next of Kin: Name & Address: _____

Name of Interviewer (if applicable): _____

Relationship to Interviewer: _____

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Interviewer's Release Form (Required)

(See reverse for Veteran's Release Form)

To be Completed by Any/All Interviewers, Recording Operators and Photographers Present (Please circle appropriate category.)

I, _____, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

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Accepted and Agreed

Signature _____ Date (month/day/year): _____

Printed Name _____

Signature of Parent or Guardian (if interviewer is a minor): _____ Date (month/day/year): _____

Printed Name of Parent or Guardian: _____

Address _____

City _____ State _____ ZIP: _____ - _____

Telephone: (_____) _____ Email: _____

Name of Veteran: _____

Organization affiliation (if any): _____

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Audio and Video Recording Log (Required)

1. Name and address of contributor or interviewer.

Name of Contributor/Interviewer: _____

Address: _____

City: _____

State: _____

ZIP: _____

Telephone: _____

Email: _____

Organization affiliation (if any): _____

2. Name and birth date of the veteran being interviewed as it appears on the Biographical Data Form.

Name of Veteran: _____

Birth Date: _____

3. Recording format (please check)

Video type

Audio type

Digital Video (MiniDV, DVCAM, DVPRO)

Cassette

DVD-R Video

CD-R

USB (thumb/flash) drive

USB (thumb/flash) drive

OTHER (identify): _____

4. Digital File type (please check)

WAV

MPEG2/MPG

MOV

MPEG4/MP4

OTHER (identify): _____

5. Estimated length of recording (in minutes):

Recordings must be at least 30 minutes in length and unedited

6. Date of recording:

7. Location of recording (City, State):

8. Please log the topics discussed in the interview in sequence. You may estimate the minute marks. Providing this information ensures that key interview topics are readily identifiable and will greatly increase access to the collections for researchers (see next page).

Audio and Video Recording Log (Please print, complete and submit with the collection)

Example:

Minute Mark	Topics
1:00	introduction
2:30	enlisted with best friend
4:50	chose Signal Corps and reasons why
10:00	boot camp and early days, memorable instructor
22:40	on board troop ship to Europe
26:00	part of 2nd wave at Omaha Beach on D-Day
30:00	message for future generations

Minute Mark (estimated)	Topics (presented in order of discussion on recording)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Photograph Log

Do not use tape, glue, staples or paper clips on photographs. If the back of the photograph is too slick to label using a soft pencil, enclose each photograph in a labeled envelope. **Do not use** a pen or marker to label photographs. **List** each person in photos from left to right (L-R) on description line.

Name of Veteran: _____ Birth Date: _____
(month/day/year)

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

Photograph #: _____ Location: _____ Date: _____
Description: _____

(Use additional log sheets as needed.)

Manuscript Data Sheet (Required with memoirs, letters, diaries or other written materials)

Guidelines for Writing a Memoir

Typewritten, double-spaced documents are easiest for researchers to read. Spark your memory by searching your home for documents and photographs from your service days. Use the interview [questions from our website](#) as a guide for developing chapters or a table of contents to help researchers locate specific topics in your memoir.

Guidelines for Submitting Letters and Other Written Materials

Identify, by name, the writers and recipients of the letters and other documents, and their relationship to the veteran whose name appears on the Biographical Data Form (p.7). Describe the most interesting/important topics and events mentioned in the letters or documents.

1. Name and address of donor.

Name of Donor: _____

Address: _____

City: _____

State: _____

ZIP: _____

-

Telephone: _____

(_____)

Email: _____

Organization affiliation (if any): _____

2. Name and birth date of the veteran as it appears on the Biographical Data Form.

Name of Veteran: _____

Birth Date: _____

Type of Item: _____

Topic: _____

Description: _____

Quantity: _____

Number of Pages: _____

Type of Item: _____

Topic: _____

Description: _____

Quantity: _____

Number of Pages: _____

Type of Item: _____

Topic: _____

Description: _____

Quantity: _____

Number of Pages: _____

3. Other location(s) these materials have been donated:

(Use additional data sheets as needed.)

