

REQUIRED

Biographical Data Form

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 Civilian _____

first middle last maiden name

Address _____

City _____ State _____ ZIP _____

Telephone (_____) - _____ Email _____
month/day/year

Place of Birth _____ Birth Date _____

Race/Ethnicity (optional) _____ Male Female

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 served in _____

Locations of military or civilian service _____

Battles/campaigns (please name) _____

Medals or special service awards. If so, please list (be as specific as possible): _____

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

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

Interviewer (if applicable) _____

(Please use reverse for any additional biographical information.)

Additional Service History Information

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 served in _____

Locations of military or civilian service _____

Battles/campaigns (please name) _____

Medals or special service awards. If so, please list (be as specific as possible): _____

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

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

Additional Biographical Information

REQUIRED

Veteran's Release Form (See reverse for Interviewer's Release Form)

TO BE COMPLETED BY VETERAN OR CIVILIAN

(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 and of those who served in support of them, 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 _____

Name of Interviewer (if applicable) _____

Relationship to Interviewer _____

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

REQUIRED

Interviewer's Release Form

(See reverse for Veteran's Release Form)

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS

(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 and of those who served in support of them, 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

REQUIRED

Audio and Video Recording Log

1. Name and address of collector or interviewer.

Name of Donor/Interviewer _____

Address _____

City _____ State _____ ZIP _____ - _____

Telephone (_____) - _____ Email _____

Partner organization affiliation (if any) _____

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

Name of Veteran/Civilian _____ Birth Date _____
month/day/year

3. Recording format (please check)

VIDEO type: Betacam VHS 8mm High-8 DVD Other _____

AUDIO type: Cassette CD Digital (DAT) _____ (identify)

4. Estimated length of recording (in minutes) _____ Date of Recording _____

5. Location of recording _____

6. Please log the topics discussed in the interview in sequence.

For example:

1:45 enlisted with best friend 22:30 on board troop ship to Europe
2:50 chose Signal Corps and reasons why 26:30 part of 2nd wave at Omaha Beach on D-Day

Minute Mark	Topics presented in order of discussion on recording
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Continue on back or on additional sheets as needed.)



Photograph Log

Photographic prints should be numbered with a soft (no.1) pencil on the back of the photograph in the lower-right corner. If the back is too slick to write on, enclose each photograph in a labeled envelope. **Please do not use a pen or marker to label prints.** Photographers should sign a release form when possible. If more than eight photographs are submitted, please make photocopies of the second page of this form to complete.

Name of Veteran/Civilian _____ Birth Date _____
month/day/year

PHOTOGRAPH # 1

Place _____ Date _____
month/day/year

Description _____

PHOTOGRAPH # 2

Place _____ Date _____
month/day/year

Description _____

PHOTOGRAPH # 3

Place _____ Date _____
month/day/year

Description _____

(Continue on back.)

(You may photocopy this side of the form to use for additional photographs if needed.)

PHOTOGRAPH # ____

Place _____ Date _____
month/day/year

Description _____

PHOTOGRAPH # ____

Place _____ Date _____
month/day/year

Description _____

PHOTOGRAPH # ____

Place _____ Date _____
month/day/year

Description _____

PHOTOGRAPH # ____

Place _____ Date _____
month/day/year

Description _____

PHOTOGRAPH # ____

Place _____ Date _____
month/day/year

Description _____



Manuscript Data Sheet

Please complete this form when donating letters, diaries, and other printed and handwritten manuscripts to the Veterans History Project. It is to be used in conjunction with the required forms.

1. Name of donor.

Name of Donor/Interviewer _____

Telephone (_____) - _____ Email _____

Organization affiliation (if any) _____

2. Name of veteran/civilian.

3. Types and dates of manuscripts submitted, for example:

Diary, November 20, 1942–February 17, 1944; Service records, 1951–1953; Letters, 1969–1972; Commendations, 1991; Unpublished memoir, 2001; etc.

Title of Item: _____

Topic: _____

Description: _____

Title of Item: _____

Topic: _____

Description: _____

Title of Item: _____

Topic: _____

Description: _____

4. Number of items: _____ Is this an exact or estimated figure?

5. Number of pages: _____

6. Describe the scope and content of the manuscripts by addressing the following:

Please identify by name the writers and recipients of the letters and other documents. What is their relationship to the veteran or civilian whose name appears on the Biographical Data Form?

What are the most interesting/important topics and events described in these documents?

7. Have any of these materials been published, or have copies of them been donated elsewhere? If so, please provide full citation of the publication or the location of the copies.

Accepted Media and Format Standards

Audio and Video Recordings

The Library of Congress encourages you to submit original, unedited materials, and to use the highest quality equipment available. Materials falling out of the accepted scope will be disposed of or returned to the donor. The only original format we do not accept is microcassettes. Recordings must be at least 30 minutes long.

We will accept the following formats:

VIDEO Formats and Media	
Digital Video (DV)	MiniDV, DVCAM, DVPRO
Betacam	Betacam SP, Digital Betacam, Betacam SX
8mm	Hi8, Digital8, Video8
DVD-Video*#	
MPEG-2*	on CD or DVD Specifications: at least 3Mbps, with a spatial resolution of 702x480 at 30fps; or the highest your set-up allows.
VHS	Super-VHS (S-VHS), Digital-VHS (D-VHS), VHS-Compact (VHS-C) Please note that as of June 2009 , we will no longer accept VHS recordings in any format.

AUDIO Formats and Media	
Audio cassettes†	
CD-Audio*	
WAV*	on CD or DVD Specifications; 44.1 KHz, 16-bit
Digital Audio Tape (DAT)	Please note that as of June 2009 , we will no longer accept DAT recordings.

***Do not copy protect any CD or DVD. Do not add labels to any CD or DVD.**

#VHP prefers video interviews on DVD with minimal indexing, titles, and/or graphics at the highest level your authoring application will allow.

†Use an external microphone.

Please, only one interview per recording.

Contact us if you have any questions.

We encourage you to retain high-quality copies of materials for your own personal use and enjoyment.

NOTE: Contact us regarding donations on behalf of living or deceased veterans.