



GALVESTON NAVAL MUSEUM OBJECT DONATION FORM

Contact information (for multiple objects please fill out once)

| | | | |
|-----------|--|-------|--|
| Full Name | | Phone | |
| Email | | Cell | |

Additional Contact (incase please provide an additional contact)

| | | | |
|-----------|--|-------|--|
| Full Name | | Phone | |
| Email | | Cell | |

Address

Street _____ unit/apt/po _____

City _____ State _____ Zip _____

Number of artifact: _____

I/We, the undersigned, do hereby irrevocably unconscionably give transfer, and assign to Galveston Naval Museum by way of gift, all right, Title, and interest in to and associated with teh object described below (accession form(s))

I/We hereby notify Galveston Naval Museum that I/WE am/are the lawful owner(s) of the object(s) of personal property or am/are acting as the authorized agent(s) of the same: and I/We have absolute authority to, and hereby effect transfer of ownership of all right. Title and interest thereof to Galveston Naval Museum.

Donor Signature. _____ Date _____

Donor Print Name _____



Galveston Naval Museum Object Accession Form

Please fill out the form to the best of your ability for EACH object being given to the museum to care for.

Please attach image of object below

Object Information

Title of Object _____

Name of object (noun like notebook) _____

This object is being Donated Loaned Sold to GNM

Object material(s) _____

Objects estimated value (for insurance purposes) _____

Objects estimated size

Width _____ Length _____ Hight _____ Circumference (if applicable) _____

Description of object

Care instruction or information that should be known to GNM archival staff

Restrictions

This object will be placed in Archive Display External Storage at arrival

This object has permissions to be place in Archive Display External Storage

In future conservation efforts by GNM (contact will be made before any movement of object).



Shipping and Transportation Form

Please fill out form for each for shipping, please use delivery address to

Galveston Naval Museum

6341 #249 Stewart Road

Galveston, TX77551

Please provide the address the object is shipping from (if from a shipping company please provide there address not personal)

Name: _____

Street Address _____

Street Address 2 _____

City _____ State _____

zip code _____

Shipping company contact (If applicable)

Phone _____ email _____

Please provide a description of the container or box the object is being shipped in

Below please describe any damage, blemishes, molding etc. Located on the object so the archival team can better assess the condition post shipment.

