

GUIDE FOR COMPLETING THE LIBRARY OF CONGRESS

ORAL HISTORY PROJECT FORMS

&

Park Tudor Legacy Consent Form

Biographical Data Form (Veteran / Civilian) required

Veteran's or Civilian's Release Form required

Interviewer's Release (permission) Form required

Audio Form & Meter Sheet required

Photograph / Manuscript Release Form (optional if no photos or manuscript)

Park Tudor Consent Form required

SAMPLE BIO DATA FORM 1

Biographical Data Form

To ensure inclusion in our National Registry of Service, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war.

PLEASE PRINT CLEARLY			
Veteran Civilian John	c.	Smith	
first Address 2138 North Dearborn Ave	middle	last	maiden name
	State IN	ZIP 46202	7
Telephone (317) - 250-0320		jcsmith@hotmail	
Place of Birth Chicago, IN		Birth Date	10/10/1920 month/day/year
Race/Ethnicity (optional)	<u> </u>	<u> </u>	Male Female
Branch of Service or Wartime Activity US M	arines		
Battalion, Regiment, Division, Unit, Ship, etc.	Co F, 2nd	Battalion,5th 1	Marines
Highest Rank captain			
Enlisted Drafted Service dates 19	40	to 1945	
War(s) in which individual served WWII;			per war]
Locations of military or civilian service Nev			
Was the veteran a prisoner-of-war? Yes \(\bigcup \) N Did the veteran or civilian sustain combat or s Medals or special service awards. If so, please	service-related inj		
Pacific Theater commendation			Bronze Star
Are photographs included? Yes ☑ No ☑ (If Are manuscripts included? Yes ☑ No ☑ (If			
Does the veteran or civilian have field maps that he or she would like to share with the	Yes No O or	wartime-related home	movies Yes 🖵 No 🖸
Interviewer (if applicable) Anne Young			
Partner organization affiliation (if any, i.e. AAF	RP, etc.) Park	Tudor School,	Indianapolis,IN
Please use reverse for additional biographical	information.		

Biographical Data Form

SAMPLE BIO DATA FORM 2

To ensure inclusion in our National Registry of Service, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war.

PLEASE PRINT CLEARLY			
Veteran Civilian Harold	Lee	Hunt last	maiden name
Address 7200 N. College Avenue			
City Indianapolis	State IN	ZIP 46240	<u></u>
Telephone (317) - 415-2700	Email H	LHunt@hotmail	.com
Place of Birth Chicago, IL		Birth Date	03/16/1918 month/day/year
Race/Ethnicity (optional)			Male Female
Branch of Service or Wartime Activity US Na	vy Pacific	Theater	
Battalion, Regiment, Division, Unit, Ship, etc.	CVL-30 USS	San Jacinto	
Highest Rank Fireman 1/c (first c	:lass)		
Enlisted Drafted Service dates 194	3	to _1946	
War(s) in which individual served WWII			
Locations of military or civilian service Phi	lippines, O	cinawa, Japan	
Commence of the commence of th			
Was the veteran a prisoner-of-war? Yes 🚨 No			
Did the veteran or civilian sustain combat or se	ervice-related injur	ries? Yes 🗖 No 🖸	
Medals or special service awards. If so, please	list (be as specifi	c as possible):	
Pacific Theater Medal; Unit co	ommendation		
Are photographs included? Yes ☑ No ☑ (If	yes, please comple	ete the Photograph L	og in this kit.)
Are manuscripts included? Yes ☑ No ☐ (If y	yes, please comple	ete the Manuscript D	ata Sheet in this kit.)
Does the veteran or civilian have field maps Ye	es No or w	artime-related home	movies Yes 🗖 No 🗹
that he or she would like to share with the	Library of Congres	s? (If yes, we will co	ntact you shortly.)
Interviewer (if applicable) Kathryn Lero	ch		
Partner organization affiliation (if any, i.e. AARI	P, etc.) Park T	udor School,	Indianapolis, IN
Please use reverse for additional biographical i	information.		

SAMPLE CIVILIAN BIO DATA FORM

Biographical Data Form

To ensure inclusion in our National Registry of Service, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war.

PLEASE PRINT CLEARLY			
Veteran Civilian Jane	Louise	Norris	Jones
Address 1215 East Lenore	middle Street NW	last	maiden name
		7ID 20000	
City Washington, D.C.	State	ZIP 20008	_ _
Telephone (202) - 453-8		anenor@sbs.net	/2. /2.22
Place of Birth Los Angeles,	CA	Birth Date 8/	month/day/year
Race/Ethnicity (optional)		Mal	e Female
Branch of Service or Wartime Activity			
Battalion, Regiment, Division, Unit, S	Ship, etc. North Americ	can Aviation Com	ipany
Highest Rank supervisor			
Enlisted Drafted Service of	dates 1942	to 1960	
War(s) in which individual served	WWII until retirem	ent	
Locations of military or civilian servi			
Was the veteran a prisoner-of-war?	Yes O No O		
Did the veteran or civilian sustain co		ies? Ves D No D	
Medals or special service awards. If			
			1
commendation for money	& time saving sugg	gestions	
Are photographs included? Yes	No P (If was please comple	ato the Photograph Log in	thic bit \
Are manuscripts included? Yes			
Does the veteran or civilian have field			
that he or she would like to shar	e with the Library of Congres	s? (If yes, we will contact	t you shortly.)
Interviewer (if applicable) Toni	Norri (grandaughte	r)	
Partner organization affiliation (if an	ny, i.e. AARP, etc.) Park T	udor School	
Please use reverse for additional bio	ographical information.		
	w .		

Veteran's Release Form

TO BE COMPLETED BY VETERAN OR CIVILIAN

any medium.

SAMPLE VETERAN RELEASE FORM 1

I, John C. Smith _____, am a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-taped 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) that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experiences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection

I hereby grant to the Library of Congress ownership of the physical property delivered to the Library and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in

I also grant to the Library of Congress my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the Library of Congress and its assignees in any medium.

I agree that the Library may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I 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 such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

Signature John C. Smith Printed Name John C. Smith Address 7200 North College Avenue City Indianapolis State IN ZIP 46240 Telephone (317) - 415-2700

SAMPLE INTERVIEWER RELEASE FORM

Interviewer's Release Form

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS
(student's name) Anne Young
I,, am a participant in the Veterans History Project (hereinafter "VHP"). 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 that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experiences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in any medium.
I hereby grant to the Library of Congress ownership of the physical property delivered to the Library and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.
I also grant to the Library of Congress my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the Library of Congress and its assignees in any medium.
I agree that the Library may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.
I 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 such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.
ACCEPTED AND AGREED
Signature
Signature of Parent or Guardian (if interviewer is a minor) Dave S. You Bate Legal 18, 2005
Printed Name of Parent or Guardian Jane S. Young (signature required!)
Address 700 East 71st Drive
City Carmel State IN ZIP 46032
Telephone (317) - 846-0038
Relationship to veteran/civilian neighbor; friend of the family (grandparent, etc.)

SAMPLE AUDIO LOG Audio and Video Recording Log METER SHEET

Name of Collector/Inte	erviewer Anne Yo	oung			
Address 700 East					
City Carmel		State IN	ZIP 46032		
Telephone (317)-846-0038		Email ayoung@p	arktudor	.org
Organization or Affiliat					
2. Full name and bir recording label an			an being intervie	wed as it ap	opears on the
Name of Veteran/Civil	ian John C.Smit	.h	Birth I	Date 10/10 m	/1920
3. Recording format	(please check)	m □ High-8 □	Digital □ Othe	er 🖸	
AUDIO type: Casset If audio, is the casset Is item: Original	tte Microcassette te or reel recorded on Copy	e CD CD F	Reel 🔲 Digital (DAT		(identify)
Date of Recording Se Estimated length of re	ecording (in minutes)	55 minutes	3 [45 min per	each sid	e of tape]
5. Location of recording	At my home			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
Corresponding m Have you included ma If so, please complete	terials other than the	recording? Yes			
7. Please summarize recording.	the topics discus	sed in the in	erview in their o	rder of app	earance on the
Meter Reading or Minute Mark	Topics presented in	n order of discus	sion on recording		
	See second p	page			

Side 1	introduction of John C. Smith (WWII)
)17	joined Marines because of family tradition
019	stationed at Camp Lejeune for training
035	more training in California
065	first days as a Marine scary
122	housing was awful
135	shipped overseas in convoy 7/30/1942
149	landed at Tulagi 8/7/42 +first shots fired in Pacific
	by US troops
185	miserable camping & fighting conditions
215	bout with malaria; not much food (C-rations gone)
250	specific duties in battalion
385	sailed through typhoon in Oct. 1944
400	landed at Leyte Gulf, P.I.
Side 2	
500	lost best friend, George on 10/21/44
525	island hopping to Japan
600	landed on Iwo Jima, then Okinawa
700	A-bomb dropped and war ended
715	coming home
= 60	took advantage of G.I. bill; finished college with
760	law degree
760	
825	final thoughts
825	final thoughts

SAMPLE PHOTO LOG SHEET

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. Slides may be numbered on the frame housing. Photographers should sign a release form when possible. If more than five photographs are submitted, please make photocopies of the second page of this form to complete.

Name of Veteran/Civilian John C. Smith Birth	10/10/1920 Birth Date		
PHOTOGRAPH # 1 Place Camp Lejeune, NC Person(s) left to right me, friend George Mason, Henry James	_ Date	month/day/year	
Description hanging out before chow		HUNKII VOY FCO	
Photographer (if known) _other friend Joe Gray	i i i i i i i i i i i i i i i i i i i		
PHOTOGRAPH # 2 Place Waikiki, Honolulu Person(s) left to right Henry James and Peter ?		Sept 1945	
Descriptioncelebrating end of the war with friends			
[note: photo CD may be sent, but photo sheet also Photographer (if known)	лесе	ssary]	
(Continue on back.)			

Anne Young / John C. Smith

Checklist

SAMPLE CHECK LIST SHEET

PLEASE RETURN THIS CHECKLIST WITH YOUR INTERVIEW

Before submitting your recordings to the Veterans History Project at the American Folklife Center of the Library of Congress, be sure you have included the following:

- 1. Recorded interview, not to exceed 90 minutes. After recording the interview, the plastic tabs should be removed from the audio or video cassettes to prevent recording over them. Cassettes must be labeled with the full name of the veteran or civilian interviewee and his or her birth date (month/day/year).
- ☑ 2. Completed biographical data sheet for each veteran or civilian interviewee (see Biographical Data Form).
- 3. Release form signed by each veteran or civilian interviewed (see Veteran's Release Form).
- ☑ 4. Release form signed by the person(s) producing the recording. This includes interviewers and recording operators (see Interviewer's Release Form).
- ☑ 5. Audio and Video Recording Log.

Please tell us how you heard about this project:

6. Photographs (not more than twenty). Photographic prints should be numbered and dated on the back lower-right corner using a soft (no.1) pencil. For slick prints where it is difficult to write on the back, enclose them in individual labeled envelopes. Please do not write on the prints with a pen or marker. Slides may be labeled on the frame. Scrapbooks and photograph albums containing more than twenty images are acceptable, but donors are encouraged to describe the contents as fully as possible.

☑ 7. Photograph Log.	
☐ 8. Release form signed by the photo	grapher(s) (see Interviewer's Release Form).
 9. Selected letters, diaries, and other or civilian interviewee. 	printed and handwritten manuscripts relating to the vetera
☐ 10. Manuscript Data Sheet.	
	teacher at Park Tudor School

SAMPLE PT CONSENT FORM

Park Tudor Legacy Initiative - Oral History Informed Consent

	h, hereby agree to participate in an ership project with Park Tudor School arbe asked about:	
wartime servic	e during WWII in the US Marines	
by name, subject to m	nudio-taped (90 minutes maximum). In the y consent. I may also be identified by nar such interview, subject to my consent.	
I understand that the	actual taped interview will take approxim	nately ninety minutes.
	he interview, the tape and content of the use in oral history projects and/or Legacy	
I understand I have th	e right to review the transcript before I	sign the deed of gift.
Any restrictions as to the final copy of the to	use of portions of the interview indicate ranscript.	d by me will be edited out of
of the tape and the tra	ne conclusion of this project, and upon signscript will be kept by the Legacy Initiative priate other repository). Supplemental places if desired.	ve and also sent to the Library
I can contact Kathryn	s about the research project or the Veteral in Lerch at Park Tudor School, (317) 41 g. I have kept a copy of this form for my	5-2700 x3102 or via email at
Signature John	- C. Smith	
Consent date:	9/18/2005	
My interviewer was:	Anne Young	
Print Name:	John C. Smith	
Address:	2138 North Dearborn Avenue	_ Street
	Indianapolis, IN	City, State
	46202	Zip code
Phone: (317) <u>250-03</u>	20 Email if available: jcsmith@hot	mail.com