

Colorado Quilting Council - Historical Documentation Form

OWNER - PLEASE FILL OUT FRONT PAGE ONLY

COPIES REQUESTED: YES NO

Computer No: _____ Owner: _____
Registry No: _____ Address: _____
Date: _____ State/Zip: _____
Phone No: _____
Documentation Site: _____ Acquisition (how obtained): _____

To enable Colorado Quilting Council to make information on quilts available for general knowledge without disclosing ownership or location of quilt, this form will not be reproduced above this line.

DOCUMENTATION: Please answer the questions on this page as fully as possible. Circle or fill in blank. Thank you.

QUILT TITLE: _____
Piecer/Quiltmaker Name: _____ Maiden: _____
Gender: M F Birthplace: _____ Year: _____
If deceased, place and year: _____

QUILTER'S NAME (if different than above) _____
Gender M F Birthplace: _____ Maiden: _____
If deceased, place and year: _____

Date Top Completed: _____ Place Top Completed: _____
Date Quilt Completed: _____ Place Quilt Completed: _____
Are there any photos of the Quiltmaker(s)? Yes No Who has the photos? _____
Did the Quiltmaker(s) leave any letters or diaries? Yes No Unknown
Where did the Quiltmaker live when the quilt was made? Farm Town City Suburb
Quiltmaker's Schooling: _____
Quiltmaker's Occupation: _____
No. of Children: _____
Spouse's Name: _____
Spouse's Occupation: _____
Other places Quiltmaker lived: _____
Quiltmaker's Special Interests (outside of quilting): _____

Awards/Recognition Quilt has received: _____
Exhibits Entered: _____
Stories/Interesting Facts: (what do you know about the quilt's history or purpose?): _____

Interesting/Unusual information about the Quiltmaker (i.e., nationality, heritage, etc.): _____

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