Museum of the Coastal Bend **Artifact Registration Form**

Current Owner
Name _____
Address _____
Phone _____
E-mail _____

Previous Owner
Name _____
Address _____
Phone _____
E-mail _____

Method of Acquisition (i.e. inheritance, estate sale, surface find, etc….)

Object Description (material, function, etc.)

Dimensions (l x w x d) _____ Weight _____

Condition

Manufacturer _____ Date of manufacture_____

Accompanying Materials _____

If archaeological find, list site _____ Date of find_____

Conservation/restoration actions undertaken by owner(s)

Miscellaneous information

Value $_____
(Due to AAM Code of Ethics, museum staff are unable to appraise objects.)

Appraiser _____
_____

Submitted by _____ Date _____
If submitted by other than owner: *Address* _____
Phone _____ *e-mail* _____

Attach photographs of artifact and submit to Museum of the Coastal Bend,
2200 East Red River, Victoria, TX 77901. Questions? Call 361-582-2511.