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.