

PERSONAL OBJECT ARCHIVAL FORM

Please read and answer the following questions

OFFICE USE ONLY

Serial No.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dear Participant, You will be taking part in an art installation in two phases. The first stage will be to photograph, document and archive your object of choice. Thereafter the photograph and story you provide will go through an artistic transformation and your personal object will be cast in a collective narrative. We will be happy to see you at the opening of the exhibition on March 6th, 2020 5-9PM.

OWNER INFORMATION

Last Name	First Name	Email (solely to communicate regarding this project)
City of Current Residence <input type="checkbox"/> Oakland <input type="checkbox"/> Albany <input type="checkbox"/> San Fransisco <input type="checkbox"/> Richmond <input type="checkbox"/> El Cerrito <input type="checkbox"/> Berkeley <input type="checkbox"/> Other _____		

Among the objects you have with you, please identify one that is most valuable to you, is unique or provides insight into who you are.

OBJECT DESCRIPTION

Title/Name of Object		
Dimensions (approx. in inch) height / width / length	Materials	Colors
Object Style <input type="checkbox"/> Modern <input type="checkbox"/> Antique <input type="checkbox"/> Baroque <input type="checkbox"/> Mid-Century <input type="checkbox"/> Neo-Classic <input type="checkbox"/> Kitsch <input type="checkbox"/> Camp <input type="checkbox"/> Funk <input type="checkbox"/> South-Asian <input type="checkbox"/> Middle-Eastern <input type="checkbox"/> Child <input type="checkbox"/> Other _____	Date of Manufacture (if known) / /	
Describe the object's physical appearance in your own words: _____ _____ _____		

OBJECT STORY

How did you come to possess this object <input type="checkbox"/> Inherited <input type="checkbox"/> Purchased <input type="checkbox"/> Found <input type="checkbox"/> Gifted <input type="checkbox"/> Borrowed <input type="checkbox"/> Other _____	Date of Possession (approx.) / /
Describe the object and its relationship to you in your own words _____ _____ _____ _____	

