

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.**