

**REQUIRED**

**Biographical Data Form (of interviewee)**

To ensure inclusion in the Northeast Archives of Folklore and Oral History, this form must accompany each submission.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Death Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (if applicable)

Next of Kin: Name and Address: \_\_\_\_\_

\_\_\_\_\_

Race/Ethnicity (optional) \_\_\_\_\_ Male  Female

*Though you are not required to do so, providing this information will help researchers and ensure our collections accurately reflect the races and ethnicities of Maine, The Maritimes, and New England.*