Oral History Narrator/Interviewer Fact Sheet
(Please Print Clearly)

NARRATOR

Name:_____________________________________________________________
(First)    (Middle Initial)     (Last)
Maiden Name, Name Change, Nicknames: ________________________________

Contact Information

Street Address:______________________________________________________
City:_____________________________________State:______ Zip: ___________
Phone Number: (____)________________ Email: __________________________

Personal Information

Date of Birth:____________________ Age:_______ Birthplace:_______________
Sex (circle one): Female | Male | Non-binary | Prefer to self describe:________
Cultural Background/Ethnicity:__________________________________________
Occupation(s):______________________________________________________
Spouse(s) or Partner(s): _______________________________________________
Children’s name(s): ___________________________________________________
How many years living in current community?:____________________________
Where else lived?_____________________________________________________
Education:___________________________________________________________
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Interviewer Information

Name: ____________________________________________________________
(First) (Middle Initial) (Last)

Interview Information

Date: __________________________  Time: __________________________
Organization Name: _____________________________________________
Street Address: _________________________________________________
City: __________________________  State: _________  Zip: ____________

Donate your Oral History

If you are interested in donating your oral history, please include a copy of this form with the oral history release form.
Proper Words

<table>
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<tr>
<th>OH number</th>
<th>Interview Date</th>
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<table>
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<tr>
<th>Narrator Name</th>
<th>Project Name</th>
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Instructions: List below, in the order they appear during the interview, the correct spelling of any proper names (a noun that denotes a particular person, place or thing) and/or idiomatic words that may be specific to this person and/or topics discussed. Begin with column 1, column 2, and then column 3, as necessary. Please PRINT legibly.
Participant’s name: ___________________________________________

Participant’s role: (CIRCLE ONE) Interviewee Interviewer

I, ______________________________ (participant name, ) voluntarily agree to participate in being interviewed on _________________________(date), with the understanding that the materials from this interview will be deposited internally at the Old Mill Museum.

I acknowledge that Ortonville Community Historical Society acquires oral history interviews with the intent of making them available to the public for an ongoing or indefinite period of time. I understand that to accomplish this, the following items may be created from my interview:

● a preservation master copy and access copies of the recording
● reformatted copies of the recording that meet changing technological and archival standards
● an edited transcript and summary
● a photograph of me from the interview
● copies of any personal documents or additional photos I wish to share during the interview

I hereby give permission to Ortonville Community Historical Society for any recordings and other materials made during this project to be used by the public for educational use (in seminars, workshops, conferences, or teaching), for broadcasting purposes, publication (including internet publication) and for public performance, display, or exhibitions.
Copyright and Licensing

Copyrights and rights of reproduction in and to these materials will be governed by United States copyright law.

The Participant may transfer the work to the public domain, transfer the copyrights to Ortonville Community Historical Society, or the participant may retain the copyrights: (CHECK ONE)

○ I hereby transfer this work to the public domain. I fully understand that this interview will not be copyrighted by me or Ortonville Community Historical Society, but will be immediately placed in the public domain. This decision is intended to provide maximum usage by future researchers.

○ I hereby transfer the copyright to Ortonville Community Historical Society, which grants me a non-exclusive license for the complete and unrestricted right to reproduce, publish, broadcast, transmit, perform, or adapt the interview.

○ I retain the copyright to this interview and grant a non-exclusive license to Ortonville Community Historical Society, for distribution to the public for non-commercial, educational purposes, in formats and settings that include, but are not limited to, print and electronic publications, events, and exhibitions, internet websites, classrooms, and online. Ortonville Community Historical Society may direct patrons requesting to use the interview for commercial purposes or purposes not allowed under Fair Use (Section 107, Title 17, U.S. Copyright Code), to the following address:

Name ____________________________________________

Address __________________________________________

Phone ____________________________________________

Email _____________________________________________

__________________________________________   ____________________
Participant Signature                          Date