



Photograph Donor Information Form

Warren County Memorial Library

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Original(s) received by: _____

Copy scanned by: _____

Original(s) returned to: _____ Date: _____

Signature: _____

Original(s) retained and filed by: _____ Date: _____

Collection Name: _____

Accession Number: _____

Photograph Collection

Information Form

Photograph Donor: _____ Accession Number: _____

Photograph Subject: _____

Structure

Person

Other

Format: _____

Date Taken: _____

Photographer, If Known: _____

Image: _____