



Veterans' History Project Audio and Video Recording Log



1. Name and address of collector or interviewer.

Name of Collector/Interviewer		Birth Date (month/day/year)
Address		
City	State	Zip code
Telephone	E-mail	
Organization or Affiliation (if any)		

2. Full name and birth date of the veteran or civilian being interviewed as it appears on the recording label and Biographical Data Form.

Name of Veteran/Civilian	Birth Date (month/day/year)
--------------------------	-----------------------------

3. Recording format (please check)

VIDEO type: Betacam VHS 8mm High-8 Digital Other (identify) _____

AUDIO type: Cassette Microcassette CD Reel Digital (DAT)

If audio, is the cassette or reel recorded on both sides? Yes No Is item: Original Copy

4. Date of Recording _____ Estimated length of recording (in minutes) _____

5. Location of recording _____

6. Are there corresponding materials (please check) Yes No

If yes, please complete the Photograph Log and/or the Manuscript Data Sheet.

Have you included materials other than the recording? Yes No

7. Please summarize the topics discussed in the interview in their order of appearance on the recording.

Meter Reading

Topics presented in order of discussion on recording or Minute Mark

_____	_____
_____	_____
_____	_____

(Continue on back or on additional sheets as needed.)

