



The West End Digital Archive Artifact Form

1. Your Name _____
2. Artifact Name _____
3. Date of Artifact (approximate, if unknown) _____
4. Name of Original Owner (if known) _____
5. Short Physical Description _____
6. Optional: Is there a West End address associated with this artifact?
Street _____
7. Optional: Contact Information (*we will not share this information*)
Phone Number _____
Street _____
City _____ State _____ Zip _____

Official Use Only

Student Recorder: _____

Artifact #: _____

Digitization (initials): _____

Audio (initials): _____