



NEWPORT HISTORICAL SOCIETY

Research Library & Resource Center
Pending Acquisition Questionnaire

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please attach clear, color images of object, including front, back, maker's mark/signature and any condition issues.

Object Type & Title _____

Date of Object (if known) _____

Dimensions

Length _____ Width _____ Height _____ Circumference _____

Materials _____

Creator/Artist _____

Inscription/Label/Maker's Mark _____

Description _____



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Condition (Circle One) Excellent Good Fair Poor

Condition Notes _____

Provenance

Please attach any associated documentation (Appraisal, certificate of authenticity, etc.)

How/When/Where did you acquire this object _____

Other information _____

*For any questions concerning this form or the donation process, please contact:
Bridget Sullivan, Registrar
Bsullivan@newporthistory.org
401.846.0813 ex.109*