

DEPARTMENT OF LIBRARY SPECIAL COLLECTIONS
FOLKLIFE ARCHIVES
WESTERN KENTUCKY UNIVERSITY
BOWLING GREEN, KENTUCKY 42101-1092

INFORMANT/FIELD WORKER DATA FORM

DATE: _____

I. INFORMANT

NAME: _____

Include fullest possible name – first, middle, and maiden (if applicable) and last. For example:
John James Smith; Mary Ann Franklin Smith (Mrs. John)

ADDRESS: _____

PERSONAL DATA: Age _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ SEX _____

RACE/NATIONALITY/ETHNIC BACKGROUND: _____

ADDITIONAL INFORMATION: (Education, occupation, places of residence, religious affiliation, etc.)

II. COLLECTOR

NAME: _____

Include fullest possible name as described above

ADDRESS, LOCAL: _____

ADDRESS, PERMANENT: _____

BIRTH YEAR: _____

DESCRIBE YOUR RELATIONSHIP TO THE INFORMANT: (Cousin, friend, employer, acquaintance, etc.)

ADDITIONAL COMMENTS: _____
