The Texas African American Family Quilt Project
SUBMISSION FORM

Owner Information

Owner's Name (First) _____ (Last) _____

Address _____ City, State, Zip_____

Telephone(s) _____ E-mail _____

Please respond below with all known information.

Quilt History

Owner's relationship to quilt maker (if any) _____

How was quilt acquired? ☐ I made it ☐ purchased ☐ inherited from family

☐ Gift from _____

Date made _____ Place made (City, State) _____

If made out of state, how/when did it get to Texas? _____

Reason(s) quilt was made: __ dowry ☐ income ☐ personal use __ fundraising __ historical event

__ gift __ birth __ death __ marriage __ anniversary __ birthday __ other:_____

In the space below please provide other stories, customs, or interesting information about this quilt.
(If you prefer to tape your story, please let us know below)

_____

_____

Quilt maker's Information

Quilt maker(s) name(s) _____ _____

(Note: If quilted by another person, list names of top maker first and then quilter.)

Occupation(s) _____

Date of birth_____ Place of birth _____

Date of death _____Place of death _____

Highest Education level completed: __ elementary __ high school __ college __ graduate school

Maiden name_____ Ethnicity _____ # of children _____

Did the quilt maker make other quilts? ___ Unknown ___ No ___ Yes, how many known? _____

Did the quilt maker participate in group quilting activities? ____ Unknown ____ No ____ Yes

When, where, and from whom or what was quilting leaned? _____

_____

_____

Piecing preferences: ___ by hand ___ on machine ___ both

Quilting is done with: ___frame hung from ceiling, ___ frame on horses, ___no frame on bed,

___hoop ___ other (explain) _____

Other interesting information about the quilt maker: _____

_____

_____

Do you know of any other quilt owners or quilt makers that should be included in this project?
Please provide name(s) and contact information (phone, email, address) below:

Name _____ Contact Information _____

Name _____ Contact Information _____