

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 learned? _____

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 _____