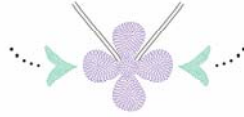




Register No.



1.2 Accession No.

AF A2017-

Accession Form – Donor

Source Information

2.1. Donor (The Name of who is donating the gift(s) ex. person, institution, etc.)

2.1.1. Donor Type (To be filled out by Archivist)

2.1.2. Creator (Who created the gift? Ex. Name of the artist, author, etc.)

2.1.2.1. Please indicate if you are First Nations, Inuit or Métis (if applicable)



2.1.2.2. Please indicate your Community/First Nation (if applicable)

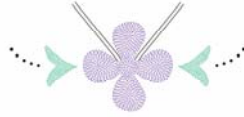
2.1.2.3. Please indicate language: first, second, preferred

First:

Second:

Preferred:

Name of person in whose memory this donation is made (if applicable)



2.1.3. Contact Information (Address, Email and Phone Number)

Address:	
<hr/>	
<hr/>	
Email:	Phone:
<hr/>	

2.2. Custodial History (How did the gift come to you?)



3.1. Date of Material (When was this artistic expression created?)

4.3.1.1. Ceremony (Is there a ceremony that needs to happen when the gift is given, while it is being cared for, and when it is taken out to be seen by people?)



4.3.1.3. Cultural Protocols (Preservation -are there any specific handling and/or caring for instructions?)

4.3.1.4. Description: Would you like to give a description via videotape or audiotape to explain the history, story and importance of your donation, and what it represents? Y/N

4.3.1.4. Description: Would you like to write out a description to explain the history, story and importance of your donation, and what it represents? Y/N. (Provide attachment)



Management Information Section

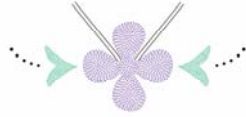
4.3.1.2. Conditions for access. (Are there any cultural protocols that restrict access to the gift?)

When the MMIWG Inquiry is finished its work, would you be willing to leave your gift with a trustee that will care for it according to the instructions given in this document?

Can we contact you if we require any further information about your art or donation? What is the best way to contact you? If you are not available, can we contact someone else on your behalf (if so, can you provide their contact information)?



National Inquiry into Missing and Murdered Indigenous Women and Girls
Enquête nationale sur les femmes et les filles autochtones disparues et assassinées



Do you consent to having your artistic expression publically accessible?

No _____

Yes _____

(If yes, then complete a consent form and attach it to this document.)

Sign _____

Date: _____



1.2. Accessions No.

AF A2017-

Accessions Form – Archive
(To be filled out by Archivist)

Identity Information Section

1.1. Repository

1.2.1. Container Number

1.3.1. Other Identifier Type

1.3.1. Other Identifier Type



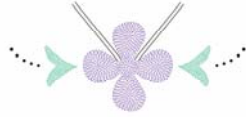
1.3.2. Other Identifier Value

1.3.3. Other Identifier Note

1.4. Accession Title

1.4.1. Spiritual or Sacred Status

1.5. Archival Unit



1.6. Acquisition Method

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1.7. Disposition Authority

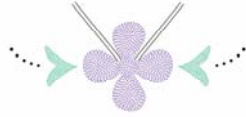
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2.1.1. Source Type

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2.1.5. Notes



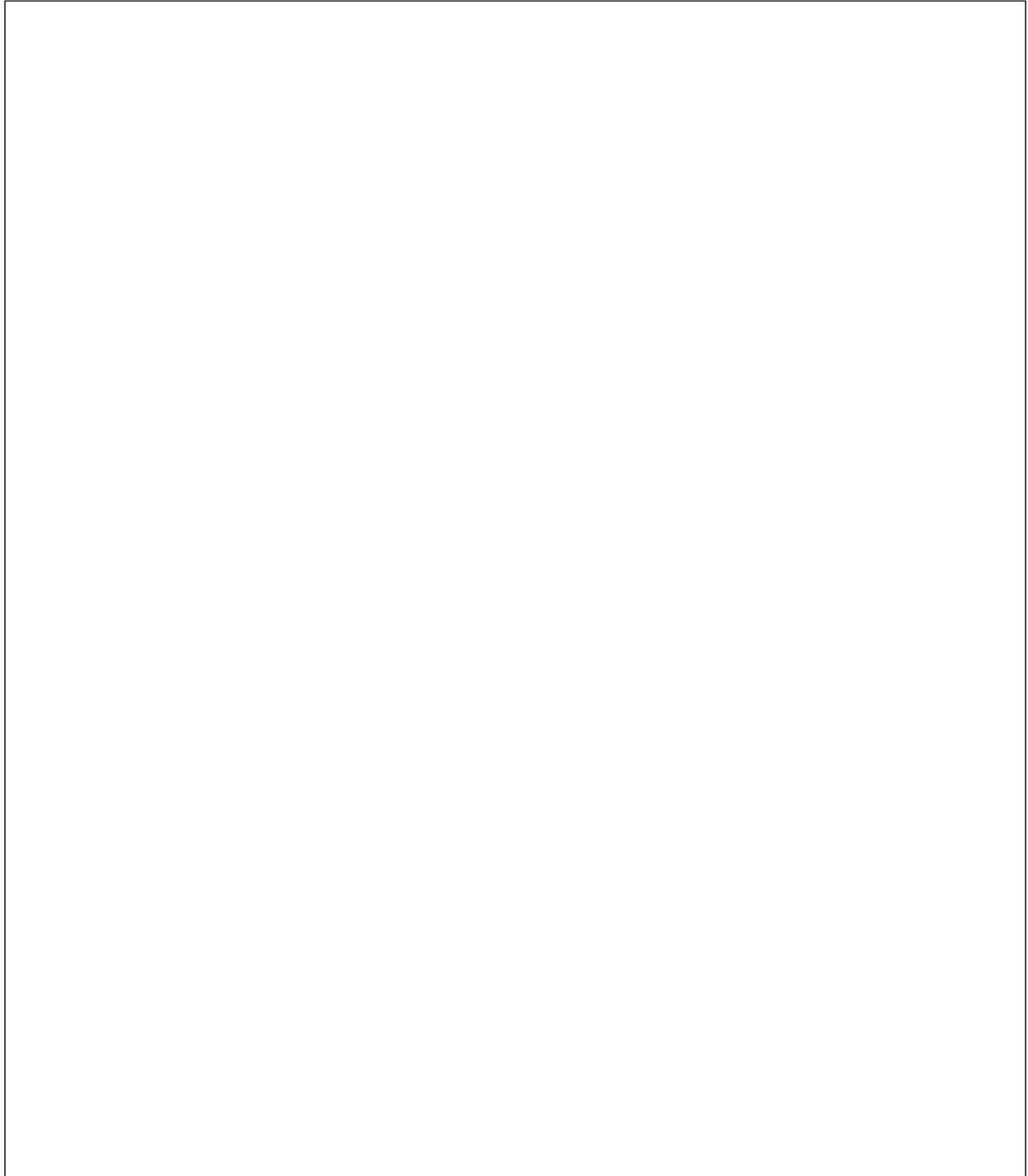
Material Information Section

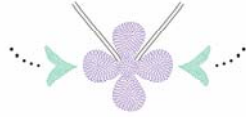
3.2.1. Extent Statement Type, 3.2.2. Extent Quantity and Type of Unit, 3.2.3. Extent Note

Type of Extent	Quantity	Types of Unit	Note



3.3. Scope and Content





Management Information Section

4.1. Storage Location

4.2. Rights Statement



4.2.1. Rights Statement Type

4.2.2. Rights Statement Value

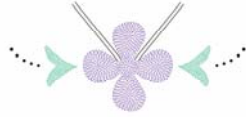
4.2.3. Rights Statement Note



4.3. Material Assessment Statement

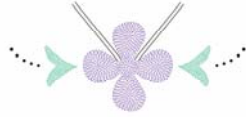
4.3.1. Material Assessment Statement Type

4.3.2. Material Assessment Statement Value

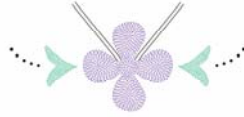


4.3.3. Material Assessment Action Plan

4.3.4. Material Assessment Statement Note



4.4. Appraisal Statement



4.4.1. Appraisal Statement Type

4.4.2. Appraisal Statement Value

4.4.3. Appraisal Statement Note

4.5. Associated Documentation (Type, Title, Identifier, Note)



4.5.1. Associated Documentation Type

4.5.2. Associated Documentation Title

4.5.3. Associated Documentation Note



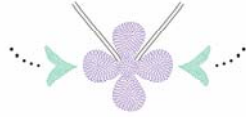
Event Information Section

5.1. Event Statement

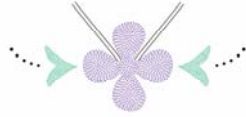
5.1.1 Event Type

5.1.2. Event Start Date

5.1.3. Event Agent



5.1.4. Event Note



6.1. General Note

Archivist: _____

Date: _____