Please fill out this form and return it to the front desk.

Name:__________________________________________________________

Phone number:__________________________________________________

Caseyville Library Card number:____________________________________

Please choose one of the following:

○ I would prefer to record my own person story | experience.

○ I would prefer to interview | be interviewed by a friend or family member.
  Name:_________________________ Relationship:_____________________

○ I would prefer to be interviewed by a library staff member.

Do you consent to provide a photo of yourself?  ○ YES  ○ NO

List any photographs or artifacts you would be willing to share with us:
_________________________________________________________________
_________________________________________________________________

I acknowledge with my signature that these stories, images, and artifacts will be shared with the public and will be included with the Caseyville historical collection.

Name: ___________________________ Date: ___________________

Thank you for your interest in My Caseyville Story! We are excited for you to share your story with us. All of the instructions are included in the Oral History Project information packet.