

Greenwood Military Aviation Museum

P.O. Box 786, Greenwood Nova Scotia Canada B0P 1N0
Telephone: 902 765-1494 extension 5955 FAX: 902 765-5747

Heritage Research Documentation

The purpose of this document is to capture information and artifacts on military members who have a commemorative stone in the Memorial Garden at the Greenwood Military Aviation Museum and/or a Life Membership. This information then will be available to those interested in the life of the individual (relatives, friends, researchers) whenever they visit the Museum.

If you are completing this form for someone else, *please include **your** information here:*

Name

Address

Telephone FAX

E-mail

Relationship

If you are next-of-kin and the individual below is deceased/incapable, please sign here to give us authority to use the material as described above

Signature

Date

Please complete this form as accurately as possible to ensure high quality research material.

Add any papers, documents, log books, or artifacts you wish to donate/loan to the Museum.

Normally, papers and personal documents, log books, etc. will remain with the individual 's file.

Name in full:.....
Surname Given Names

Current address:
Apartment # Street number Street

Postal address if different

City Province..... Postal code

Country

Telephone number FAX number
Area code Number Area code Number

E-mail address

Place of birth Date of birth

Social Insurance Number

All military Identification Numbers issued

Name

Any other information or anecdotes which give a fuller picture of life/career

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ENCLOSURES: (check which ones you are enclosing)
These may be donated for a tax receipt or loaned until retrieved.

- 1. Log book(Donated/Loaned)
- 2. Medals/decorations (Donated/Loaned)
- 3. Artifacts (specify).....Donated/Loaned)
- 4. Other donations (specify: money, bequests, etc.).....

Authority to use information.....

Signature

Date

BEQUEST In lieu of donations now, I bequeath, at my death, the following to the Greenwood Military Aviation Museum Society:.....

.....
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..... Donor's Name Date Donor's Signature
..... Witness Name	 Witness signature
..... 2nd Witness Name	 2 nd Witness signature