

My

Caseyville Story

Caseyville Public Library District's
Oral History Project

Kit Request Form

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.