



**St. Joseph County Public Library**  
**Local & Family History Services**  
 304 S Main St, South Bend, IN 46601  
 574.282.4621 [local.history@sjcpl.org](mailto:local.history@sjcpl.org)

**Local & Family History Statement of Gift**

**1. Donor Contact Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**2. Description of Materials** *Use additional sheets if necessary. For dissimilar items, complete separate forms.*

Description of materials: \_\_\_\_\_  
 \_\_\_\_\_  
 Format/Medium:    \_\_\_ book           \_\_\_ papers/photos           \_\_\_ other: \_\_\_\_\_  
 Author/Creator:   \_\_\_ donor           \_\_\_ other: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Year and Publisher: \_\_\_\_\_

**3. Transfer of Ownership** *Initial next to each statement to approve.*

\_\_\_ I solely own the materials described below and voluntarily donate them to Local & Family History Services and the St. Joseph County Public Library (SJCP) to become its permanent property and to be administered in accordance with established Collection Development policies.  
 \_\_\_ I understand that, once accepted, items become the property of the SJCP. Items cannot be reclaimed by present or future generations related to the donor. SJCP may choose to keep, withdraw, or digitize any item in its possession and may provide the public with access to the material for research and study.

**4. Copyright Information** SJCP does not claim or assume copyright ownership of any donated materials.

Do you hold the copyright to the material you are donating?    \_\_\_ yes           \_\_\_ no

If yes, what contact information above may be provided in response to copyright and reproduction inquiries from the public? (Check all that apply.)   \_\_\_ none    \_\_\_ email    \_\_\_ phone number    \_\_\_ address

If yes, do you give SJCP permission to digitize the material and place it on our website for public review before it enters the public domain, if the library so chooses?   \_\_\_ yes    \_\_\_ no           \_\_\_ other: \_\_\_\_\_

If no, do you know the name and contact information of the copyright holder?  
 \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Library Rep. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your contribution to Local & Family History!