



# Louisiana Folklife Survey Form

## Individual Identification

Prefix/First Name: \_\_\_\_\_

Middle/Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_

Email/Website: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Years in Louisiana: \_\_\_\_\_

Cultural/Ethnic Identification: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Religion (as relevant to tradition): \_\_\_\_\_

## Traditional Skill, Performance, Art Form

Genre(s):  Music  Foodways  Occupational  
 Craft  Dance  Ritual  Verbal Expression  
 Other: \_\_\_\_\_

Art Form/Tradition: \_\_\_\_\_

Partner(s) in Performance: \_\_\_\_\_

Ensemble/Organization: \_\_\_\_\_

Supplemental Materials:  Yes  No

Photo/Audio/Video:

Digital Photos  Digital Audio  Video

Format: \_\_\_\_\_

Text/Publicity Materials:

Articles  Biography/Resume  PR Photos

Other: \_\_\_\_\_

Depository: \_\_\_\_\_

Archive Name

Collection

City

Contact Name

Phone

## Release Form

I understand that this interview and any photographs, audio and/or video recording(s) are part of **scholarly research** by the Louisiana Folklife Program. I understand that, unless another depository is indicated above, these materials will be archived in the Louisiana Folklife Program's collection at Louisiana State University Libraries Special Collections where they will be preserved and made available to patrons for historical, educational and scholarly use, including but not limited to on-site examination, reproduction, media presentations, radio and video documentaries, Internet publications, writings, and exhibits. I hereby release the information in these materials and/or on this survey form for educational purposes and give permission for my information to be included in the Louisiana Folklife Database. I understand that the Folklife Program may make this information available to qualified scholars for research or similar **not-for-profit, educational purposes**. I hereby give permission for my **personal contact information** to be released as deemed appropriate by the Louisiana Folklife Program unless otherwise indicated below.

Do not release my contact information to researchers or public programmers who coordinate festivals, exhibits, etc.

Signature of Artist/Tradition-Bearer/**Interviewee**

Date

Printed name and Signature of **Interviewer**

Date

Notes or Restrictions for use of information

*\* On the back of this form, please provide additional performance information (i.e. special needs, relevant skills/activities, etc.) and biographical information (i.e. family history, how and when art form/tradition was learned, etc). Thank you.*