

Northern New York Quilt Project

Documentation Form

Sponsored by Traditional Arts in Upstate New York

NNYQP #

This information will be placed in the Northern New York Quilt Project files at the TAUNY Center in Canton, New York.

Please use one form for each quilt inventoried. If **you are providing information about more than one quilt by a particular quiltmaker, you need only complete Section C once**. Additional information is welcome; please attach extra sheets if necessary.

This form was adapted from the Michigan Quilt Project, with permission.

Section A: Owner's Information (Your address, email and phone number will be kept confidential)

Owner's name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____

How was this quilt acquired? Please put an X by all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Made the quilt | <input type="checkbox"/> Presentation or award | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Received as a gift | <input type="checkbox"/> Raffle or contest prize | |
| <input type="checkbox"/> Inherited | <input type="checkbox"/> Purchased | |

If the quilt was not made by the owner: Acquired from: _____
Relationship to owner: (i.e. maternal grandmother) _____
Place: _____ Date acquired: _____
Occasion (if gift or presentation): _____

How is this quilt used? Please put an X by all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bedding, daily use | <input type="checkbox"/> Wall hanging or art | <input type="checkbox"/> Museum collection |
| <input type="checkbox"/> Bedding, special occasions | <input type="checkbox"/> Investment | <input type="checkbox"/> Private collection |
| <input type="checkbox"/> Room decorations | <input type="checkbox"/> Study or teaching aid | <input type="checkbox"/> In storage |
| <input type="checkbox"/> Lap robe or throw | <input type="checkbox"/> Memento or souvenir | <input type="checkbox"/> Future gift |
| <input type="checkbox"/> Other (describe): | | |

I release to Traditional Arts in Upstate New York the information recorded on this form, the photos provided with this form, and the related photos taken by TAUNY for the educational and research purposes they deem appropriate.

Name: _____ Date: _____

May the staff of the TAUNY Northern New York Quilt Project contact you about this quilt?

- ☐ Yes, contact owner ☐ Yes, contact maker ☐ Yes, contact: _____

Contact's email address: _____

No

Section B: Historical and Cultural Information About this Quilt**NNYQP #**

Who quilted/ tied this quilt/comforter?

☐ Top's maker ☐ Professional ☐ Group ☐ Unknown ☐ OtherIf quilted/tied by someone other than the top's maker, please list that person's name, location and fee charged (if you know):

When was quilt started? _____ When was quilt finished? _____

Where did the quiltmaker live at the time? (city/county/state)? _____

Why was the quilt made? Please put an X by all that apply.

<input type="checkbox"/> Personal/Family use	<input type="checkbox"/> Gift/Presentation	<input type="checkbox"/> Teaching/Learning sample
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Home décor	<input type="checkbox"/> Competition
<input type="checkbox"/> Autograph/Friendship	<input type="checkbox"/> Wall hanging	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Album	<input type="checkbox"/> Doll quilt	
<input type="checkbox"/> Commemorative	<input type="checkbox"/> Baby/Crib quilt	
<input type="checkbox"/> Mourning	<input type="checkbox"/> Pillow	
<input type="checkbox"/> Bridal/Anniversary	<input type="checkbox"/> Garment	

Please describe any special stories, or other interesting things about this quilt, the fabrics in it, or about quilting in general:

What is the source of the quilt's pattern?

<input type="checkbox"/> Maker's invention	<input type="checkbox"/> Commercial (book, magazine, etc.)	<input type="checkbox"/> Provided in a class
<input type="checkbox"/> Kit	<input type="checkbox"/> Copied from another quilt	<input type="checkbox"/> Unknown

Source name: _____

Has the quilt been exhibited or published? ☐ Yes ☐ No ☐ OtherIf yes, please list show name, place and date, or publication name and date. Include any awards or ribbons.

Are there any other materials available regarding this quilt?

<input type="checkbox"/> Patterns	<input type="checkbox"/> Clippings or photocopies	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Templates	<input type="checkbox"/> Audiotape	
<input type="checkbox"/> Prizes, awards, ribbons, etc.	<input type="checkbox"/> Videotape	
<input type="checkbox"/> Photos of quilter	<input type="checkbox"/> Appraisal	
<input type="checkbox"/> Interview with quilter	<input type="checkbox"/> Diary or will description	

I. Personal Information

Quiltmaker's name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____
Former residences (city, county, state, dates): _____

Date of birth: _____ Date of death (if applicable): _____
Birthplace: _____
Ethnic background: _____
Education: _____
Occupation : _____
(if retired, please give former occupation) _____
Religious affiliation: _____
Father's name: _____ Mother's name: _____
Father's occupation: _____ Mother's occupation: _____
Spouse's name: _____
Spouse's occupation: _____
Date of marriage(s): _____
Children's names and birthdates: _____

II. Quiltmaking Activities

At what age did the quiltmaker begin quilting? _____
How many quilts has the quilter made? _____
Are there any other quiltmakers in the family? ☐ Yes ☐ No ☐ Other _____
How did the quiltmaker learn to quilt? _____

Did the quiltmaker take lessons/classes? If yes, please list teacher's name(s) and location(s)

☐ Yes ☐ No

Did/does the quiltmaker belong to a quilting group? ☐ Yes ☐ No

If yes, please list group name(s) and location(s): _____

What are the main activities of the group? _____

NNYQP #

Have you/has the quiltmaker ever sold quilts for hire? ☐ Yes ☐ No ☐ Other

If yes, please describe:

Have you/has the quiltmaker ever taught quilting? ☐ Yes ☐ No ☐ Other

If yes, please describe:

What types of quilts do you/did the quiltmaker make?

- | | | | | |
|--------------------------------------|---|---------------------------------------|---|--|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Appliquéd | <input type="checkbox"/> Bed quilts | <input type="checkbox"/> Wall quilts | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Innovative | <input type="checkbox"/> Embroidered or crazy | <input type="checkbox"/> Throw quilts | <input type="checkbox"/> Miniature quilts | |
| <input type="checkbox"/> Pieced | <input type="checkbox"/> Group or round-robin | <input type="checkbox"/> Baby quilts | <input type="checkbox"/> Quilted clothing | |

Any particular favorites?

Which techniques do you/did the quiltmaker use?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Hand piecing | <input type="checkbox"/> Tying | <input type="checkbox"/> Photo transfer | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Machine piecing | <input type="checkbox"/> Hand appliqué | <input type="checkbox"/> Bias binding | |
| <input type="checkbox"/> Foundation piecing | <input type="checkbox"/> Machine appliqué | <input type="checkbox"/> Straight-grain binding | |
| <input type="checkbox"/> Hand quilting | <input type="checkbox"/> Fusible appliqué | <input type="checkbox"/> Hand drafting | |
| <input type="checkbox"/> Machine quilting | <input type="checkbox"/> Embroidery | <input type="checkbox"/> Computer drafting | |

Any particular favorites?

Which tools do you/did the quiltmaker use?

- | | | |
|--|--|--|
| <input type="checkbox"/> Sewing machine | <input type="checkbox"/> Cardboard templates | <input type="checkbox"/> Quilting hoop |
| <input type="checkbox"/> Rotary cutter | <input type="checkbox"/> Freezer paper | <input type="checkbox"/> Quilting stencils |
| <input type="checkbox"/> Plastic templates | <input type="checkbox"/> Floor frame | <input type="checkbox"/> Other (describe): |

Any particular favorites?

Where do you/does the quilter get patterns?

- | | | |
|--|---|--|
| <input type="checkbox"/> Draft original design | <input type="checkbox"/> Magazine | <input type="checkbox"/> Draft design from a picture |
| <input type="checkbox"/> Mail order | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Draft design from another quilt |
| <input type="checkbox"/> Exchange or round-robin | <input type="checkbox"/> Kit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Book | <input type="checkbox"/> Adapt published design | |

Any particular favorites?