

Oral Histories at the National Purple Heart Hall of Honor

Every Purple Heart has a story connected with it. The Oral History Program at the National Purple Heart Hall of Honor is guided by the belief that each one of these stories is valuable and historically significant. They are valuable because they depict events and memories that are important to the recipient and or his or her family. They are historically significant because they provide a unique perspective on an event or a period of time that was an important part of the history of our nation. If you are a Purple Heart Recipient we would like you to consider sharing your story with us. When you sit for an interview at the Hall of Honor you are ensuring that future generations will have a chance to hear your story and you are adding your voice to the historical record.

Interviews vary in length, but generally last between thirty minutes to two hours. They are conducted by advance appointment with members of the Hall of Honor staff. Footage from the interview may be edited and excerpted for future use by the Hall of Honor. We may include excerpts from your interview in video programs created for the galleries or for special audiences such as schools, veteran's organizations, etc. Every interviewee is required to fill out a consent form granting copyright of the interview footage to the New York State Office of Parks, Recreation, and Historic Preservation. Interviewees will receive one DVD copy of their recorded interview.

If you would like to schedule an interview or if you have any questions regarding your interview please contact Anita Pidala or Pete Bedrossian at (845) 561-1765.



Interview Agreement Form

I agree and consent that the New York State Office of Parks, Recreation and Historic Preservation may use the photographs, videotape recordings and/or sound recordings taken of me on this day, or any reproduction thereof, in any form, style, or color, together with any writing and other advertising and publicity materials in connection therewith, including the use of my name as they may select.

I understand that my image, voice, and any related advertising and publicity materials are meant to be used in the Hall of Honor's gallery presentations. This consent and release is given, however, without limitation upon or liability for any use for distribution, advertising, publicity, illustration or publication of every kind. I further agree that such photographs, videotape recordings, and/or sound recordings, either in original or duplicate, shall be and remain the exclusive property of the New York State Office of Parks, Recreation and Historic Preservation.

I am over 18 years of age (If under 18, a parent or guardian must sign also).

NAME: _____

Name of Parent or guardian: _____

Street Address: _____

Apt or Suite: _____ City: _____

State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____

Date: _____

To ensure inclusion in the Veterans History Project, this form must accompany each submission. Please use reverse or additional sheet if service was in more than one war or conflict.

Veteran Civilian

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

Place of Birth _____ Birth Date ___/___/___ Death Date ___/___/___

Next of Kin: Name and Address: _____

Race/Ethnicity (optional) _____ Male Female

Though you are not required to do so, providing this information will help researchers and ensure our collections accurately reflect the races and ethnicities of all who served.

Branch of Service or Wartime Activity _____

Commissioned Enlisted Drafted Service dates ___/___/___ to ___/___/___

Highest Rank _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) _____

War, operation or conflict _____

Locations of military service _____

Battles/campaigns (Names) _____

Medals or service awards (Please list as specifically as possible.) _____

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

Did the veteran sustain combat or service-related injuries? Yes No

Interviewer (if applicable) _____

(Please use next page for any additional biographical information.)

ADDITIONAL SERVICE HISTORY INFORMATION (if necessary)

Branch of Service or Wartime Activity _____

Commissioned Enlisted Drafted Service dates _____ to _____

Highest Rank _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) _____

War, operation or conflict _____

Locations of service _____

Battles/campaigns (Names) _____

Medals or service awards (Please list as specifically as possible.) _____

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

Did the veteran sustain combat or service-related injuries? Yes No

Additional Biographical Information

REQUIRED

VETERAN'S RELEASE FORM

(See reverse for Interviewer's Release Form)

TO BE COMPLETED BY VETERAN OR CIVILIAN
(In cases of deceased veterans, to be completed by the donor of the material.)

I, _____, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections.

ACCEPTED AND AGREED

Signature _____ Date _____
month/day/year

Printed Name _____

Veteran's Address _____

Veteran's Next of Kin: Name & Address _____

Name of Interviewer (if applicable) _____

Relationship to Interviewer _____

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Veteran's Release Form



**STATE OF NEW YORK
DIVISION OF MILITARY AND NAVAL AFFAIRS**
330 OLD NISKAYUNA ROAD
LATHAM, NEW YORK 12110-2224

GEORGE E. PATAKI
GOVERNOR
COMMANDER IN CHIEF

THOMAS P. MAGUIRE, Jr.
MAJOR GENERAL
THE ADJUTANT GENERAL

MNGA-MH

MEMORANDUM FOR MNAG-TAG

SUBJECT: Access to Oral History Materials

1. I, _____, participated in an oral history interview conducted by _____, an interviewer for the Division of Military and Naval Affairs (DMNA), on the following date(s): _____

2. I understand that the tape(s), the transcripts and the associated information collected prior to the interview will belong to the State of New York and be used in any manner deemed in the best interest(s) of DMNA, as determined by the Director of Military History or the Director's representative. I understand that information such as my date of birth, current address, home telephone number, and specific information concerning my civilian education is protected by the Privacy Act of 1974 and the New York State Personal Privacy Protection Law.

3. I hereby expressly and voluntarily relinquish all rights and interests in tape(s), the transcripts and the associated information collected prior to the interview to DMNA with only the following condition(s): (Please initial one)

_____ None

_____ (Other)

4. I understand that the tape(s), the transcripts and the associated information collected prior to the interview may be subject to Records Access Laws such as the Freedom of Freedom Act and the New York State Freedom of Information Law and, therefore, may be releasable to the public.

(Name of Interviewee)

(Date)

Accepted on behalf
Of DMNA by:

(Date)

(DMNA Position Title)

MARIST COLLEGE

RELEASE AGREEMENT

The undersigned enters into this Agreement with Marist College ("Producer"). I have been informed and understand that the Producer is producing a recorded history program and that my name, likeness, image, voice, appearance and/or performance is being recorded and made part of that production ("Recorded Product").

1. I grant Producer and it's designees the right to use my name, likeness, image, voice, appearance and performance as embodied in the Recorded Product whether recorded on or transferred to Sound recording, videotape, DV, DVD, photographs, Beta, SVH, or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product in whole or part as Producer may elect. Producer or it's designee shall have complete ownership of the Recorded Product in which I participate in in any way, including copyright interests, and I acknowledge that I have no interest or ownership in the Recorded Product or it's copyright.
2. I also grant the Producer the right to broadcast, exhibit, market, sell or otherwise distribute the Recorded Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed-circuit exhibition, home video distribution, web presentations, or any other purpose that Producer or it's designees in their sole discretion may determine. This grant includes the right to use the Recorded Product for promoting or publicizing any of the uses.
3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to their parties, and that Producer has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my name, likeness, image, voice, appearance and performance embodied in the Recorded Product. I expressly release and indemnify Producer and it's officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted Producer herein are perpetual and worldwide.
4. I understand that no portion of the Recorded Product can be used by anyone else other than the producer, and that the Recorded Product is copyright law protected.
5. I understand that I will not receive compensation now or ever.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Name (Please Print) _____

Signature _____ Date _____



Dutchess County Historical Society

Interview Agreement Form

I agree and consent that the DCHS may use the photographs, videotape recordings and/or sound recordings taken of and other advertising and publicity materials in connection therewith, including the use of my name as they may select.

I understand that my image, voice, and any related advertising and publicity materials are meant to be used by the DCHS. This consent and release is given, however, without limitation upon or liability for any use for distribution, advertising, publicity, illustration or publication of every kind. I further agree that such photographs, videotape recordings, and/or sound recordings, either in original or duplicate, shall be and remain the exclusive property of the DCHS.

I am over 18 years of age (If under 18, a parent or guardian must sign also).

NAME: _____

Name of Parent or guardian: _____

Street Address: _____

Apt or Suite: _____ City: _____

State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____

Date: _____

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