

MORMON WOMEN'S ORAL HISTORY PROJECT  
AT CLAREMONT GRADUATE UNIVERSITY  
SUMMARY FORM

To be filled in by the narrator and the interviewer:

NARRATOR \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

INTERVIEWER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TRANSCRIBER \_\_\_\_\_

DATE OF INTERVIEW \_\_\_\_\_ PLACE \_\_\_\_\_

NARRATOR'S MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

To be filled in by the Project Director:

OH # \_\_\_\_\_ RECEIVED (date) \_\_\_\_\_

WAIVER SIGNED Y / N