

LAWRENECE DE GRAAF CENTER FOR ORAL AND PUBLIC HISTORY
California State University, Fullerton

OH # _____
(Leave blank)

NARRATOR/INTERVIEWER FACT SHEET

NARRATOR: *(Please print clearly)*

Name _____
(First) (Middle Initial) (Last)

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Date of Birth _____ Age _____ Birthplace _____

Ethnicity _____

Occupation _____ Spouse/Partner _____
(If Retired, previous occupation.)

Children's name(s) _____

INTERVIEWER: *(Please Print Clearly)*

Name _____
(First) (Middle Initial) (Last)

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Date of Birth _____ Age _____

Ethnicity _____