Future Stewardship Form

Version 1.1, last edited Aug 27, 2026

Archives aim to preserve and steward their materials beyond the lifetimes of their donors. As such, the Museum proactively collects Narrators' directives for what they want to happen to their interview after they pass away or become permanently unable to make decisions. This form enables us **best honor your wishes about how your memories are preserved**. If you do not fill out this form, **the Museum is the default inheritor of your interview's copyright and ownership rights**; to the best of our abilities, we will make decisions that honor your spirit.

You may always change your future stewardship directives by contacting **oralhistory@nphm.org**.

In the event that I become permanently unable to make decisions or I pass away:

- *** My **copyright and ownership rights**, including the ability to **decide how my interview is archived and used**, will go to:
  - ❑ The National Public Housing Museum
  - ❑ The following person or organization:

    Name: _____

    Relationship: _____

    Email: _____ Phone: _____
  - ❑ Public Domain
  - ❑ Other: _____
- *** Take the following steps regarding **interview edits or deletions**:
  - ❑ Allow the new copyright and ownership holder to make any edits or removals that they wish
  - ❑ Leave all edits or removals to the discretion of the Museum
  - ❑ Do not allow **any** edits or removals
  - ❑ Other: _____
- *[OPTIONAL]* Send a **copy of my interview materials** to:

  Name: _____

  Email: _____ Phone: _____
- *[OPTIONAL, mark all that you wish]* Honor these additional directives about my interview materials:
  - ❑ Move my interview materials to the Public Access Archive
  - ❑ Change the downloadability parameters of my materials to be "downloadable from website"
  - ❑ Other: _____

If you would like to outline further details that do not fit on this form, such as additional copies of your interview sent to additional people, please add that information on the back of the form (including contact information).

***** ACCEPTED AND AGREED:**

My signature below indicates that I have completed this form of my own free will. These directives shall be understood in accordance with the law of Illinois.

*** Name	*** Signature	Date

Name of Narrator (if different from self)	Signee's Relationship to Narrator (if different from self)