

American Museum of Natural History
Central Park West at 79th Street
New York, NY 10024-5192

SPECIMEN/ARTIFACT TRANSFER FORM

The undersigned hereby irrevocably transfers ownership of the specimens/artifacts described below to the American Museum of Natural History, Department of _____ by
___ Gift/ ___ Exchange/ ___ Purchase

Description of Specimens/Artifacts (please use continuation sheet if items are from multiple locations and collection dates):

Description and quantity: _____

Country of origin: _____

Original date of collection/manufacture: _____

The specimens/artifacts were collected/obtained by the undersigned from: _____
on this date: _____

If the specimens/artifacts were collected on state or federal lands within the United States of America, the undersigned certifies that they were lawfully collected. If the specimens/artifacts were exported from the country of origin and imported into the United States of America, the undersigned certifies that they were lawfully exported and imported. The undersigned:

___ has attached copies of all relevant documentation (collecting and transport permits, sales receipts, etc.) **or**
___ represents that such documentation has been lost or was not retained by the undersigned.

The American Museum of Natural History represents that it is chartered as an educational corporation of the State of New York, tax exempt under Code Section 501(c)(3) as a publicly supported, not-for-profit corporation, and qualified to receive tax-deductible gifts under Code Section 170. If this transfer is described above as a Gift, then it is the intent of the parties that this instrument qualifies for federal income, gift, and estate tax deductions under Code Sections 170, 2055, and 2522.

The undersigned represents that it owns all right, title and interest in and to the specimens/artifacts hereby transferred with full authority to make this transfer, free of restrictions. **Any and all restrictions must be provided to and reviewed by the Office of the Registrar in advance of countersignature by AMNH Curator.**

This instrument may be signed in counterpart originals. The laws of the State of New York shall govern this instrument.

Name: _____ Tel: _____

Institution of Affiliation, if relevant: _____

Address: _____

Fax: _____ Email: _____

Date of Delivery of specimen/artifact(s) to the AMNH: _____

Transferor's Signature: _____ Date: _____

AMNH Curator's Signature: _____ Date: _____

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SPECIMEN/ARTIFACT TRANSFER FORM
Description Continuation Sheet

| Description | Lot | Quantity | Country of Origin | Date of original collection/manufacture |
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