



INTERVIEWEE BIOGRAPHICAL FORM FOR ORAL HISTORY INTERVIEW RECORDINGS

This form has several purposes. It will help you get in the mindset of sharing your stories by having you share pieces of your life. It will also help us develop questions for your interview. It is important for you to take your time and fill out all questions to the best of your ability. You may find it helpful to fill out one section a day instead of all at once.

General Information

Full Name: _____

Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Place of Birth: _____

Date of Birth: _____

Maiden Name: _____
(if applicable)

Questions

We suggest answering these questions now and then reviewing them after you complete the rest of this document. You may find you have more to add after completing the rest of this questionnaire. You do not need to use all the space provided.

1) What is your connection to Troy? Think about how long you have lived or worked here. Think about your family's connection to the city.



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2) What is one of your favorite memories that happened in Troy? Use bullet points if you want to talk about more than one memory.

3) What is one thing you wish people knew about Troy? If you had to describe the City to someone, what would you say?

4) Why do you live/work in Troy? Think about why you or your family first moved to the area. Also think about why you continue to live or work here.



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Education

Fill out as applicable to you even if and to the best of your ability.

Elementary School: _____ Years Attended: _____

Middle/Jr. High School: _____ Years Attended: _____

High School: _____ Years Attended: _____

If applicable, please list any post-secondary or postgraduate education. This includes vocational schools, trade schools, certificates, licenses, colleges, universities, etc.

Adult Life

Tell us about your life after finishing school. These other important aspects of your life might include your family, career, hobbies, travel, volunteer work, etc. You may find it helpful to use bullet points.



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Other Information

Is there anything else you wish to share with us?

*Please list any topics, if any, you do **not** want to discuss during your interview.*

Please list your next of kin or the person who will carry on your legacy. This should be a person we can contact in the future if we are unable to contact you.

Full Name: _____

Phone: _____

Email: _____

Return this Form

Drop off/Mail to: Shelby Nelsen at
Troy Historic Village at 60 W. Wattles Road, Troy, MI 48098

Email to: Shelby Nelsen
apd@thvmail.org

Once we receive this form, someone will be in contact with you to set up a time to record your oral history. Please allow 2 weeks for us to process your form.