**Transfer of Ownership**

Original to Master File

Copy to Source

**Date:**

**Museum Name** *(hereafter “Museum”)*:

Address:

Phone Number: Email:

**Source Name** *(hereafter “Source”)*:

Address:

Phone Number: Email:

**Entry #: Entry Date:**

**Description of Property** *(hereafter “Property”)*:

**Acquisition Mode:**

☐ Gift ☐ Purchase ☐ Bequest

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be publicly acknowledged? *(gift or bequest only)*

☐ No ☐ Yes: **Credit Line**:

**Copyright Ownership:**

1. Are you the author of this Property?

☐ **No**: I did not create the Property. The author/creator of this Property is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [complete if known.] Attach any information to assist in contacting the author.

☐ **Yes**: I created the Property and therefore under Canadian copyright law I am the author of this Property. Please attach copyright registration certificate or any other evidence of authorship of this Property.

As the author, will you waive any of the moral rights that an author has under Canadian copyright law for the benefit of the Museum?

☐ **Yes**: I waive the right to have my name associated with the Property and the right to remain anonymous or to use a pseudonym.

☐ **Yes**: I waive the right to prevent modifications to the Property where such modifications may be prejudicial to my honour or reputation.

☐ **Yes**: I waive the right to prevent the use of the Property in association with a product, service, cause or institution that may be prejudicial to my honour or reputation.

2. Are you the copyright holder in the Property?

☐ **No**: I do not own the copyright in the Property. The copyright holder is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [complete if known.] Attach any information to assist in contacting the copyright holder.

☐ **Yes**: I own the copyright in the Property. Attach copyright registration certificate or any other evidence, such as a copyright assignment agreement, proving ownership of copyright in the Property.

As the copyright owner in the Property, are you transferring ownership of copyright in the Property to the Museum?

☐ **No**: I will retain copyright in the Property.

☐ **Yes**: By signing this agreement below, I warranty that I am the owner of copyright in the Property and that I hereby assign and transfer all copyright in the Property to the Museum.

3. Has the copyright in the Property ever been licensed or assigned to any individuals or organizations?

☐ **No**: the Property has not been licensed or assigned.

☐ **Yes**: the Property has been licensed or assigned. Attach a summary of any licenses or assignments relating to the Property.

**Other Provisions**

I (we) unconditionally give to the museum the Property described above which I (we) own, and transfer full title and all privileges of ownership.

The Museum reserves the right to display, loan, use or dispose of (deaccession) the Property at its own discretion.

The Museum acknowledges receipt of the Property and accepts unconditional ownership of the Property described herein.

*x* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *x*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source name (please print) Witness name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

*x* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *x* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Museum Representative Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date