

Michigan Quilt Project Inventory Form

For Office Use
MQP#

Thank you for completing this Michigan Quilt Project Inventory Form. The information gathered here will be placed in the Michigan Quilt Project files in the Michigan Traditional Arts Program Research Collections at the Michigan State University Museum. The Michigan Quilt Project seeks information about Michigan quilts and quilters, and is an ongoing project with exhibits, publications, and presentations coordinated by the Michigan State University Museum in cooperation with many individuals and organizations.

Please use one form for each quilt inventoried. If **you are providing information about more than one quilt made by a particular quilter, you need only complete Section C once.** Additional information is welcome; please attach extra sheets if necessary.

Section A: Owner's Information (Your address and phone number will be kept confidential)

Owner's name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____

Email address: _____

How was this quilt acquired? Please check all that apply:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Made the quilt | <input type="checkbox"/> Presentation or award | <input type="checkbox"/> Other |
| <input type="checkbox"/> Received as a gift | <input type="checkbox"/> Raffle or contest prize | |
| <input type="checkbox"/> Inherited | <input type="checkbox"/> Purchased | |

If the quilt was not made by the owner: Acquired from: _____

Relationship to owner: (i.e. maternal grandmother) _____

Place: _____ date acquired: _____

Occasion (if gift or presentation): _____

How is this quilt used? Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bedding, daily use | <input type="checkbox"/> Wall hanging or art | <input type="checkbox"/> Museum collection |
| <input type="checkbox"/> Bedding, special occasions | <input type="checkbox"/> Investment | <input type="checkbox"/> Private collection |
| <input type="checkbox"/> Room decorations | <input type="checkbox"/> Study or teaching aid | <input type="checkbox"/> In storage |
| <input type="checkbox"/> Lap robe or throw | <input type="checkbox"/> Memento or souvenir | <input type="checkbox"/> Future gift |
| <input type="checkbox"/> Other _____ | | |

I release to the Michigan State University Museum the information recorded on this form, the photos provided with this form, and the related photos taken by the MSU Museum for the educational and research purposes they deem appropriate.

Name: _____ Date: _____

May the staff of the Michigan Quilt Documentation Project contact you about this quilt?

- Yes, contact owner Yes, contact maker Yes, contact _____

Contact's email address: _____ No

Section B: Historical and Cultural Information About this Quilt

Who quilted this quilt?

- Top's maker Professional quilter Group Unknown Other

If quilted by someone other than the top's maker, please list quilter's name, location and fee charged (if any): _____

When was quilt started? _____ When was quilt finished? _____

Where did the quiltmaker live at the time (city/county/state)? _____

Why was the quilt made? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Personal/Family use | <input type="checkbox"/> Gift/Presentation | <input type="checkbox"/> Teaching/Learning sample |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Home décor | <input type="checkbox"/> Competition |
| <input type="checkbox"/> Autograph/Friendship | <input type="checkbox"/> Wall hanging | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Album | <input type="checkbox"/> Doll quilt | _____ |
| <input type="checkbox"/> Commemorative | <input type="checkbox"/> Baby/Crib quilt | _____ |
| <input type="checkbox"/> Mourning | <input type="checkbox"/> Pillow | _____ |
| <input type="checkbox"/> Bridal/Anniversary | <input type="checkbox"/> Garment | _____ |

Please describe any special stories, or other interesting things about this quilt, the fabrics in it, or about quilting in general: _____

What is the source of the quilt's pattern?

- Maker's Invention Commerical (book, magazine, etc.) Provided in class
 Kit Copied from another quilt Unknown

Source name: _____

Has this quilt been exhibited or published? Yes No Other _____

If yes, please list show name, place and date, or publication name and date. Include any awards or ribbons. _____

Are there any other materials available regarding this quilt?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Patterns | <input type="checkbox"/> Clippings of photocopies | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Templates | <input type="checkbox"/> Audiotape | _____ |
| <input type="checkbox"/> Prizes, awards, ribbons, etc. | <input type="checkbox"/> Videotape | _____ |
| <input type="checkbox"/> Photos of quilter | <input type="checkbox"/> Appraisal | _____ |
| <input type="checkbox"/> Interview with quilter | <input type="checkbox"/> Diary or will description | _____ |

Section C: Quiltmaker Information (address will be kept confidential)

I. Personal Information

Quiltmaker's name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____

Email address: _____

Former residences (city, county, state, dates): _____

Date of birth: _____ Date of death (if applicable): _____

Birthplace: _____

Ethnic background: _____

Education: _____

Occupation: _____

(if retired, please give former occupation)

Religious affiliation: _____

Father's name: _____ Mother's name: _____

Father's occupation: _____ Mother's occupation: _____

Spouse's name: _____

Spouse's occupation: _____

(if retired, please give former occupation)

Date of marriage(s): _____

Children's names and birthdates: _____

II. Quilting Activities

At what age did the quiltmaker begin quilting? _____

How many quilts has the quilter made? _____

Are there any other quiltmakers in the family? Yes No Other _____

How did the quiltmaker learn to quilt? _____

Did the quiltmaker take lessons/classes? If yes, please list teacher's name(s) and locations(s):

- Yes _____
 No _____

Did/does the quiltmaker belong to a quilting group? Yes No

If yes, please list group name(s) and location(s): _____

What are the main activities of the group? _____

Have you/has the quiltmaker ever sold quilts for hire? Yes No Other _____

If yes, please describe: _____

Have you/has the quiltmaker ever taught quilting? Yes No Other _____

If yes, please describe: _____

What types of quilts do you/did the quiltmaker make?

- | | | | |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Appliqued | <input type="checkbox"/> Bed quilts | <input type="checkbox"/> Wall quilts |
| <input type="checkbox"/> Innovative | <input type="checkbox"/> Embroidered or crazy | <input type="checkbox"/> Throw quilts | <input type="checkbox"/> Miniature quilts |
| <input type="checkbox"/> Pieced | <input type="checkbox"/> Group or round-robin | <input type="checkbox"/> Baby quilts | <input type="checkbox"/> Quilted clothing |
| <input type="checkbox"/> Other _____ | | | |

Any particular favorites? _____

Which techniques do you/did the quilter use?

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Hand piecing | <input type="checkbox"/> Tying | <input type="checkbox"/> Photo transfer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Machine piecing | <input type="checkbox"/> Hand applique | <input type="checkbox"/> Bias binding | _____ |
| <input type="checkbox"/> Foundation piecing | <input type="checkbox"/> Machine applique | <input type="checkbox"/> Straight-grain binding | |
| <input type="checkbox"/> Hand quilting | <input type="checkbox"/> Fusible applique | <input type="checkbox"/> Hand drafting | |
| <input type="checkbox"/> Machine quilting | <input type="checkbox"/> Embroidery | <input type="checkbox"/> Computer drafting | |

Any particular favorites? _____

Which tools do you/did the quilter use?

- | | | |
|--|--|--|
| <input type="checkbox"/> Sewing machine | <input type="checkbox"/> Cardboard templates | <input type="checkbox"/> Quilting hoop |
| <input type="checkbox"/> Rotary cutter | <input type="checkbox"/> Freezer paper | <input type="checkbox"/> Quilting stencils |
| <input type="checkbox"/> Plastic templates | <input type="checkbox"/> Floor frame | <input type="checkbox"/> Other _____ |

Any particular favorites? _____

Where do you/does the quilter get patterns?

- | | | |
|--|---|--|
| <input type="checkbox"/> Draft original design | <input type="checkbox"/> Magazine | <input type="checkbox"/> Draft design from a picture |
| <input type="checkbox"/> Mail order | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Draft design from another quilt |
| <input type="checkbox"/> Exchange or round-robin | <input type="checkbox"/> Kit | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Book | <input type="checkbox"/> Adapt published design | _____ |

Any particular favorites? _____

Section D: Quilt Description

Owner's name for quilt/quilt's pattern: _____

Common or alternative names: _____

Possible published source: _____

Predominate Colors: _____

Quilt started: _____ Quilt finished: _____

Made by: _____

Overall size: Width: _____ Length: _____

Quilt style (please check all that apply):

- Block pattern
- Signature
- Pictorial-Political
- Other _____
- Allover pattern
- Crazy
- Pictorial-Historical
- Wholecloth
- Strip
- Pictorial-Personal or Family
- Medallion
- Narrative
- Pictorial-Landscape

Block setting (please check all that apply):

- Straight
- Solid
- Sashed
- Zigzag
- Diagonal/On point
- Alternate
- Strippy
- Other _____

Number of blocks: _____

Block size: _____

Sashing style (please check all that apply):

- Plain
- Pieced
- Appliqued
- Cornerstones
- Inner
- Outer
- Other _____

Sashing width: _____

Number of borders: _____ Number of pieces in backing: _____

Width and style of borders from outer to inner: _____

Binding:

- Bias
- Front to back
- Embellished
- Curved
- Straight grain
- Unfished/raw edge
- Squared
- Other _____
- Back to front
- Turned in
- Mitred
- _____

Shape of edge:

- Straight
- Scalloped
- T-cutout
- Sawtooth
- Embellished
- Other _____

Edge embellishment:

- Ruffle
- Fringe
- Lace
- Cording
- Prairie Points
- Piping
- Other _____

Is quilt signed and/or dated? Yes No

Signature: _____ Method: _____ Location: _____

Date: _____ Method: _____ Location: _____

Techniques used in the quilt (please check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Hand piecing | <input type="checkbox"/> Machine quilting | <input type="checkbox"/> Machine Embroidery | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Hand quilting | <input type="checkbox"/> Machine applique | <input type="checkbox"/> Ink drawing/Painting | <input type="checkbox"/> Fusible applique |
| <input type="checkbox"/> Hand applique | <input type="checkbox"/> Tied/Tufted | <input type="checkbox"/> Stuffed work/Trapunto | <input type="checkbox"/> Foundation piecing |
| <input type="checkbox"/> Machine piecing | <input type="checkbox"/> Embroidery | <input type="checkbox"/> Open/Dimensional work | <input type="checkbox"/> Other_____ |

Materials used in the quilt (please check all that apply):

Top:

- | | | | | |
|---|--------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Cotton | <input type="checkbox"/> Wool | <input type="checkbox"/> Velvet | <input type="checkbox"/> Chintz | <input type="checkbox"/> Not described |
| <input type="checkbox"/> Cotton/Polyester | <input type="checkbox"/> Linen | <input type="checkbox"/> Silk | <input type="checkbox"/> Rayon | <input type="checkbox"/> Other_____ |

Backing:

- | | | | | | |
|---------------------------------|---|-------------------------------|--------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Cotton | <input type="checkbox"/> Cotton/Polyester | <input type="checkbox"/> Wool | <input type="checkbox"/> Linen | <input type="checkbox"/> Silk | <input type="checkbox"/> Other_____ |
|---------------------------------|---|-------------------------------|--------------------------------|-------------------------------|-------------------------------------|

Binding:

- | | | | | | | |
|---------------------------------|-------------------------------|--------------------------------|-------------------------------|---------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Cotton | <input type="checkbox"/> Wool | <input type="checkbox"/> Linen | <input type="checkbox"/> Silk | <input type="checkbox"/> Velvet | <input type="checkbox"/> Cotton/Polyester | <input type="checkbox"/> Other_____ |
|---------------------------------|-------------------------------|--------------------------------|-------------------------------|---------------------------------|---|-------------------------------------|

Filling:

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> No filling | <input type="checkbox"/> Cotton, with debris | <input type="checkbox"/> Wool | <input type="checkbox"/> Not Specified |
| <input type="checkbox"/> Can't tell | <input type="checkbox"/> Cotton/Poly blend | <input type="checkbox"/> Blanket or flannel | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Cotton | <input type="checkbox"/> Polyester | <input type="checkbox"/> Another quilt | |

Embroidery thread:

- | | | | | |
|---------------------------------|--------------------------------|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Cotton | <input type="checkbox"/> Linen | <input type="checkbox"/> Metallic | <input type="checkbox"/> Can't tell | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Silk | <input type="checkbox"/> Wool | <input type="checkbox"/> Synthetic | <input type="checkbox"/> Not described | |

Describe the quilting design, from the outer edge to the center (sketch if necessary):

- | | | |
|--|--|--|
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Parallel lines | <input type="checkbox"/> Not described |
| <input type="checkbox"/> Outline/Ditch | <input type="checkbox"/> Continuous line | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Hanging grid | <input type="checkbox"/> Not quilted | |

Number of quilting stitches per inch (count one side only; please measure in two places):

_____ and _____

Which of the following best describes the condition of this quilt?

- | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Unused | <input type="checkbox"/> Moderate use | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Like new | <input type="checkbox"/> Used much | _____ |
| <input type="checkbox"/> Almost new | <input type="checkbox"/> Worn | _____ |

Please include a photograph of the quilt and the quilter with this form.

Please return this form to:

Great Lakes Quilt Center
201 Central Services, MSU Museum
East Lansing, MI 48824-1045

Note: Section D of this form was adapted with permission from one developed by Jonathan Holstein. A version of his form originally appeared in *The Quilt Digest*, San Francisco: Kiracofe and Kile, 1983, pp. 67-69.

MSU Museum Quiltline: 517-432-3800
E-mail: quilts@museum.msu.edu

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Print more copies of this form at:
<http://www.museum.msu.edu/glqc/MQPform.PDF>