NATIONAL INSTITUTES OF HEALTH
Office of NIH History and Stetten Museum
Office of Intramural Research

Deed of Gift

1. Subject to the terms and conditions hereinafter set forth, I, _____, hereby give, donate, and convey to the United States of America for inclusion in the collections of the Office of NIH History and Stetten Museum (ONHM) of the National Institutes of Health, the papers, photographs, and/or artifacts related to _____; also any oral histories, transcripts, correspondence, publications, and other materials as I or my heirs may ship to ONHM from time to time. Title to the donated material shall pass to the National Institutes of Health. A list of the donated objects is attached.

2. ONHM hereby accepts the donation as an unconditional gift under Section 231 of the Public Health Service Act, as amended (42 U.S.C. 238).

3. It is my wish that the materials be made available for research by the public without restriction, except as may be noted on any specific shipment.

4. I dedicate to the public all rights of copyright I may have in the published and unpublished material and in such unpublished works as may be found among any collections of materials received by ONHM from me, my heirs, or from others.

5. I understand that ONHM may impose such restrictions as it may deem necessary on the use of the materials in order to insure their proper protection and preservation. In addition, I understand the ONHM may return, dispose, or transfer to another institution any of the materials it determines are not required by the ONHM upon consultation with me or my heirs.

6. In the event that I or my heirs may from time to time hereafter give, donate, and convey to the ONHM additional papers and other historical materials, title to such additional papers and other historical materials shall pass to the National Institutes of Health upon their delivery, and all other provisions of this instrument of gift shall be applicable to such additional papers and other historical materials.

_____   _____
Name   Date

Accepted:

_____   _____
Name   Date