



CITY OF BELMONT  
| BELMONT MUSEUM  
ORAL HISTORIES NOMINATION FORM

Please use this form to nominate candidates for inclusion in the Belmont Museum Oral History Project.

Nominated by:

Name	
Contact details	
Areas of experience or knowledge	
Additional relevant information	
Should this person be interviewed as a matter of priority due to age or health issues?  If yes, please provide details to assist the Oral Historian	

Please complete and return to:

Specialist Library and Museum Hub - Curator  
Telephone: (08) 9477 7450 Email - [libraryandmuseum@belmont.wa.gov.au](mailto:libraryandmuseum@belmont.wa.gov.au)  
Belmont Museum: 213 Wright Street, Cloverdale, WA 6105  
Postal address: Locked Bag 379, Cloverdale WA 6985

