



Record Of A Queen Mary Memory

We are currently developing a project to gather and record the memories of former crew and passengers. The project is entitled "Speaking of the Queen Mary, a History of Passages." If you have a memory of your journey aboard the Queen Mary that you would like to share, please complete this form and submit it to a Queen Mary crew member at Passenger Information or the Hotel Front Desk. You may also return it by mail to the address at the bottom of this form. Your memory will become a permanent part of the Queen Mary historic archive.

PLEASE FULLY COMPLETE THIS FORM AND PRINT OR WRITE CLEARLY

Passenger or Crew Name: _____

Completed by (if different from name above): _____

Address: _____

City/State/Zip Province/Country

Phone: (____) _____ Fax: (____) _____ E-mail: _____

During what historic time period(s) were you aboard the Queen Mary? Please check all that apply.

The Creative Years 1926 - 1936

The Golden Years 1947 - 1958

The Glamour Years 1936 - 1939

The Final Years at Sea 1958 - 1967

The War Years 1940 - 1946

The Long Beach Years 1967 - Present

May we contact you for further information? Yes No

May we quote you? Yes No (Your address and contact numbers will remain confidential. By checking "yes," you are hereby granting permission to the Queen Mary to quote from this document - or duplicate the photos and other memorabilia you may have attached - in promotional, advertising or publicity materials or in historic exhibits and displays.) Thank you very much!

Signature(s): _____ Today's Date: _____

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Use this space and the back of this page to describe your experience, and attach additional pages if necessary. Please include any specific dates that you remember. You may also enclose photos or other memorabilia. Your story will help to bring Queen Mary history to life for future generations.

Four horizontal lines for writing a response.

For Queen Mary Archive use only: Action taken:	<input type="checkbox"/> Letter	Date: _____
	<input type="checkbox"/> Phone Call	Date: _____
	<input type="checkbox"/> Interview	Date: _____