MARIE RAYMOND ARCHIVES

https://marieraymond.com

AUTHENTICATION FORM

IS THE APPLICANT THE OWNER OF THE ARTIN QUESTION?

YES NO

OWNER'SINFORMATIONFORTHE SUBMITTED WORK

APPELATION MR. MRS. MS.

LAST NAME

FIRST NAME

NATIONALITY

STREET ADDRESS

CITY

ZIP CODE

STATE/REGION

COUNTRY

PHONE NUMBER

EMAIL ADDRESS

APPLICANT'S INFORMATION FOR THE SUBMITTED WORK

APPELATION MR. MRS. MS.

LAST NAME

FIRST NAME

NATIONALITY

STREET ADDRESS

CITY

ZIP CODE

STATE/REGION

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INFORMATION ABOUT THE SUBMITTED ART

TYPE OF WORK (PAINTING, DRAWING, ETC)

TITLE OF WORK

YEAR OF CREATION

MEDIUM (GOUACHE, OIL, ETC)

IS THE WORK SIGNED OR DATED?

INSCRIPTIONS ON THE WORK (LOCATION AND DESCRIPTION)

EXHIBITIONS THE WORK HAS BEEN FIGURED IN

BIOGRAPHICAL REFERENCES

KNOWN PROVENANCE

ACQUISITION DATE

ADDITIONAL INFORMATION

PHOTO REQUIREMENTS

HD 300 DPI COLOR, 30 CM MINIMUM

FULL SHOT OF THE FRONT OF THE WORK

FULL SHOT OF THE REAR OF THE WORK

DETAILED PHOTOGRAPHS OF ANY SIGATURES, INSCRIPTIONS, ETC