**Ablieferungsverzeichnis Privatarchiv (Vereins-/ Personenarchiv):**

|  |  |
| --- | --- |
| **Ablieferung durch: [Verantwortliche Person]** | **Abl.-Nr.:** [JJJJ/Laufnummer] |
| **Aktenbildende Stelle:** | **Standort:** [Zwischenarchiv Dokumentationsstelle] |
| **Schenkung, Depositum, Ergänzung:**Wählen Sie ein Element aus. | **Schrank:**Wählen Sie ein Element aus. | **Tablar:**Wählen Sie ein Element aus. |
| **Ablieferungsdatum:**Klicken oder tippen Sie, um ein Datum einzugeben. | **Bemerkungen:** |

Informationen über die abliefernde Stelle *Spalte wird durch Dokumentationsstelle ausgefüllt*

*Durch Dokumentationsstelle auszufüllen*

| **Titel / Beschrieb Dossier** | **Zeitraum****(Jahre)****JJJJ-JJJJ oder JJJJ** | **Um-****fang (Ordner, Schachteln Mappen)** | **Ordnung** | **Bemerkungen / Verweise****(digitale Speicher, z. B. CDs; andere Ablageorte; CMI-Geschäfte)** | **Anmerkungen der Dokumentationsstelle****(Archivsignatur; Standort; Ordnungsprinzip [chronologisch, thematisch, nach Namen A bis Z]; Einsichtsberechtigung; Schutzfrist)** |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **chronologisch** | **thematisch** | **alphabetisch** |  |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |
|  |  |  |[ ] [ ] [ ]   |  |