



RECORD OF INVENTION

BE IT KNOWN THAT _____

Residing at _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

has conceived the invention illustrated and described within this RECORD OF INVENTION document which is called _____

and has this _____ day of _____ 20_____

disclosed to us this invention and we understand its construction and use.

Witness _____ Witness _____
(Optional) (Optional)

Date of original conception of idea _____

Date first disclosed idea to others _____

Date sketches were first made _____

Working Model () has () has not (check one) been made.

Has a patent search been made? _____ When? _____

What did search reveal in relation to existing patents? _____

Are any particular molds or tools needed to make your inventions? _____

State of _____
I, _____
(Type or Print Your Name)

_____ being duly sworn, upon oath depose and state that I believe myself to be the original, first and sole inventor of the device described herein, and that all dates and statements made herein are true to the best of my knowledge and belief.

County of _____

(Your Signature)

Sworn and subscribed before me
this _____ day of _____ 20-_____

Notary Public _____

(Optional)

SKETCH, DRAWING OR PHOTOGRAPH OF INVENTION

To the best of your ability sketch your invention or attach a prepared drawing or photograph if it depicts your ideas accurately. A professional rendering is not necessary.

Attach additional pages if necessary

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Date _____

Authorized Signature



FILE NUMBER _____

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