

Oral History Project



LIBERTY STATE PARK

Historic Gateway to America

*Central Railroad of New Jersey
Oral History Project*

Name: _____

Maiden/Former Name: _____

Address: _____

E-mail: _____

Phone Number: _____

Fax Number: _____

Are you a CNJ Vet? If yes, please fill out the section. If not please continue.

Period Worked at CRRNJ: _____

Position (Title) at CRRNJ: _____

If not a CNJ vet, please fill out this section.

Area of Park Associated with: _____

Time Period of Association: _____

*Thank you for your time and help.
Please return the questionnaire
to:.*

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Jersey City, NJ 07305
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Fax (201) 915-3413