

# CONTINUATION SHEET FOR APPLICATION FORM RE

REGISTRATION NUMBER \_\_\_\_\_

## INSTRUCTIONS

- Use this continuation sheet **only** in conjunction with basic Form RE.
- Use this sheet only if you need more space to continue the listing started in Space 1 and/or Space 5 of Form RE. Use as many additional continuation sheets as you need.
- Use the continuation of Space 5 on this sheet only for contributions to periodicals by the same individual author that were published in the same calendar year.
- Follow instructions accompanying Form RE in filling out this continuation sheet. Number each line in Spaces B and C consecutively.
- Submit this continuation sheet with the basic Form RE and the other continuation sheets, if any. Clip (do not tape or staple) and fold all sheets together before submitting them.
- Type or clearly print all information in **black ink**.

EFFECTIVE DATE OF RENEWAL REGISTRATION

(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

Page \_\_\_\_\_ of \_\_\_\_\_ pages

**DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY.**

**IDENTIFICATION OF CONTINUATION:** This sheet is a continuation of Space 1 and Space 5 of the application for renewal registration on Form RE, submitted for the following:

## A

Identification of Application

- **TITLE AT SPACE 2 OR TITLE OF FIRST OF GROUP OF WORKS IN WHICH RENEWAL IS CLAIMED:** Give first title as given in Space 5 of Form RE.  
.....
- **RENEWAL CLAIMANT AND ADDRESS:** Give the name and address of at least one renewal claimant as given in Space 1 of Form RE.  
.....

## B

Continuation of Space 1

**RENEWAL CLAIMANT(S), ADDRESS(ES), AND STATEMENT OF CLAIM:** See Instructions on basic Form RE.

<input type="checkbox"/>	Name .....
<input type="checkbox"/>	Address .....
	Claiming as .....
<input type="checkbox"/>	Name .....
<input type="checkbox"/>	Address .....
	Claiming as .....
<input type="checkbox"/>	Name .....
<input type="checkbox"/>	Address .....
	Claiming as .....
<input type="checkbox"/>	Name .....
<input type="checkbox"/>	Address .....
	Claiming as .....

C

Continuation of Space 5

Title of Contribution:
Title of Periodical:
Date of Publication:
Registration Number:

Title of Contribution:
Title of Periodical:
Date of Publication:
Registration Number:

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Date of Publication:
Registration Number:

Certificate will be mailed in window envelope to this address:

Name
Number/Street/Apt
City/State/ZIP

YOU MUST:
Complete all necessary spaces
Sign your application in Space 7

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:

- 1. Application form
2. Nonrefundable \$45 filing fee in check or money order payable to Register of Copyrights

MAIL TO:
Library of Congress, Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000

D

As of July 1, 1999, the filing fee for form RE is \$45.