

REGISTRATION NUMBER

TX TXU

EFFECTIVE DATE OF REGISTRATION

..... (Month) (Day) (Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK: THE NEON BIBLE	PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give: Vol. No. Issue Date	
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)		
Title of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	NAME OF AUTHOR: John Kennedy Toole Was this author's contribution to the work a "work made for hire"? Yes..... No. <input checked="" type="checkbox"/>		
	DATES OF BIRTH AND DEATH: Born 1937... Died 1969... (Year) (Year)		
	1	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of <u>United States</u> } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes..... No. <input checked="" type="checkbox"/> Pseudonym? Yes..... No. <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text	
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes..... No.....	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes..... No..... Pseudonym? Yes..... No..... If the answer to either of these questions is "Yes," see detailed instructions attached.
	3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes..... No.....	DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes..... No..... Pseudonym? Yes..... No..... If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year... 1953 ... (This information must be given in all cases.)	DATE AND NATION OF FIRST PUBLICATION: Date (Month) (Day) (Year) Nation (Name of Country) (Complete this block ONLY if this work has been published.)
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4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Thelma D. Toole 1016 Elysian Fields Avenue New Orleans, Louisiana 70117
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.) This claimant is the mother of the deceased author and acquired her interest by inheritance from him. The author's father is deceased. The author was never married.

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page
• Follow detailed instructions attached • Sign the form at line 10

	EXAMINED BY:	APPLICATION RECEIVED	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:		
	CORRESPONDENCE <input type="checkbox"/> Yes	DEPOSIT RECEIVED:	
	DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE:	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No **X**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form.
 - This is the first application submitted by this author as copyright claimant.
 - This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give: Previous Registration Number Year of Registration

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**Previous
Registration**

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

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**Compilation
or
Derivative
Work**

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

PLACES OF MANUFACTURE

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a Copies and phonorecords

b Copies Only

c Phonorecords Only

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**License
For
Handicapped**

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name:
Account Number:

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Thelma D. Toole
Address: 1016 Elysian Fields Avenue
New Orleans Louisiana 70117
(City) (State) (ZIP)

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**Fee and
Correspondence**

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

- author other copyright claimant owner of exclusive right(s) authorized agent of:

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature: (X)

Typed or printed name: Thelma D. Toole

Date Apr. 15, 1981

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**Certification
(Application
must be
signed)**

Thelma D. Toole

(Name)

1016 Elysian Fields Avenue

(Number, Street and Apartment Number)

New Orleans, Louisiana 70117

(City)

(State)

(ZIP code)

**MAIL
CERTIFICATE
TO**

**(Certificate will
be mailed in
window envelope)**

11

**Address
For Return
of
Certificate**

CURTIS, HYDE, MOONEY & MCEACHIN

ATTORNEYS AND COUNSELLORS AT LAW

TIDEWATER PLACE, SUITE 1711

1440 CANAL STREET

NEW ORLEANS, LA. 70112

Mrs. Thelma D. Toole
1016 Elysian Fields Avenue
New Orleans, Louisiana 70117