

Name:	Date:	

Create Your Own Invention!

Grades 6-8

Create your own invention that will make life better!
Use your imagination and have fun!

	Invention's Name:
	What does your invention do?
	What materials is your invention made of?
How does your invention in	nprove life for people?
Name two inventions (and i possible.	nventors if you know them) that made your invention



(Name of your invention) by					
(Your name)					
Draw a diagram of your invention in this box. Make sure you have labels and indicate how big it is.					

Patented		Patent Number:	
UNIT	ED STATES	PATENT OFFICE.	
	INVENTION:		
To all whom it i	nay concern:		
County	_, have invented a certain new a	citizen of the United States, residing at and useful, of which the Invention Name eference being had to the accompanying drawings.	
Category of Inve	ention (i.e. safety, electrical engi	neering, transportation, etc.)	
Purpose of Inve	ntion:		
Materials Neede	ed:		
Name two inven	ations (and inventors if you know	w them) that made your invention possible.	

INVENTOR'S NAME:	
INVENTION:	
DATE:	

Draw a diagram of your invention. Be sure to label the various parts, indicate size, and provide close-ups of particular elements if necessary.

INVENTOR'S NAME: _	
INVENTION:	
DATE:	

Draw a diagram of your invention. Be sure to label the various parts, indicate size, and provide close-ups of particular elements if necessary.