



THE DANISH IMMIGRANT MUSEUM
YOUR MUSEUM IN THE HEART OF THE CONTINENT

Return form to: **FAMILY HISTORY & GENEALOGY CENTER** – PO Box 249 – ELK HORN IA 51531-0249

Immigrant Information Sheet
(please use separate form for each person)

Name of Immigrant: _____
Year of Immigration: _____
Primary Place of Settlement in U.S. (city or town and state): _____

IMMIGRANT INFORMATION (biographies, documentation, photos, etc. may be attached or sent as email attachments to: genealogy@danishmuseum.org)

Date of Birth: _____ Place of Birth: _____

Father: _____ Mother: _____

Date of Marriage: _____ Place of Marriage: _____

If Deceased, Date of Death: _____ Place of Death: _____

Name of Spouse (incl. maiden name of wife): _____

Occupation: _____ Religion: _____ Military Service: _____

Other places lived: _____

Names of children (birth year optional):

_____	_____
_____	_____
_____	_____
_____	_____

Emigrated from: _____ Date: _____

Port of entry: _____

Reason for immigration: _____

Other relatives who also immigrated: _____

(continue on back of form)

