

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

Return form to: **THE DANISH IMMIGRANT MUSEUM** – PO Box 470 – ELK HORN, IA 51531-0470

WALL OF HONOR
Immigrant Information Sheet

Information to be engraved on Wall of Honor plaque (please print):

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: development@danishmuseum.org)

Date of Birth: _____ Place of Birth: _____

Father: _____ Mother: _____

Date of Marriage: _____ Place of Marriage: _____

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

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

Occupation: _____ Religion: _____ Military Service: _____

Other places lived: _____

Names of children (birth year optional):

_____	_____
_____	_____
_____	_____
_____	_____

Emigrated from: _____ on (vessel): _____

Port of entry: _____

Reason for emigration: _____

Other relatives who also immigrated: _____

