

Return form to: Museum of Danish America - 2212 Washington Street - Elk Horn, IA 51531

## **WALL OF HONOR**

Immigrant Information Sheet

**Information to be engraved on Wall of Honor plaque (please print):** *Contribution of \$250 per name* 

Name of Immigrant:							
Year of Immigration:							
Primary Place of Settlement in U.S. (cit	y or town an	d state):					
IMMIGRANT INFORMATION (biographies, documentation, photos, etc. may be attached or sent as email attachments to: development@danishmuseum.org)							
Date of Birth:	I	Place of Birth:					
Father:	1	Mother:					
Date of Marriage:	Place of Marriage:						
Name of Spouse (incl. maiden name of wife	e):						
If Deceased, Date of Death:	Place o	of Death:					
Occupation:	_ Religion:	Military Service:					
Other places lived:							
Names of children (birth year optional):							
		_ on (vessel):					
Port of entry:							
Reason for emigration:							
Other relatives who also immigrated:							

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Additional inform	nation and family	history highlights:			
ponsor(s) who	o has contribu	ted Immigrant's na	me and information	n for Wall of Ho	nor:
ame(s):				Date:	
ailing address: _					
ty:			State:	ZIP:	
none:		Email:			
or Office Use only:					
ate:	ID#:	Column:	Row:	Initials:	

WOH Form 02/2020