



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. (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: _____
