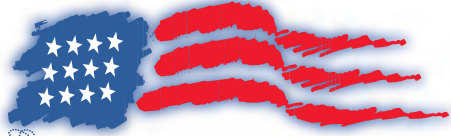


Illinois



Veterans' History Project

Illinois Patriot Information Form

To all veterans and civilians who have served our country during times of war and of peace, please complete this form and share your remembrances on a separate sheet of paper.

• Patriot's name: _____

Select those which apply:

Veteran Civilian Male Female

• Birthplace: _____

Birthdate: _____

Deceased: _____

• Length of patriot's Illinois residency: _____

• Branch of service or wartime activity: _____

• Battalion, regiment, division, unit, ship, etc.: _____

• Highest rank: _____

Enlisted Drafted Academy

• Service dates: _____

• War(s) in which individual served: _____

• Location(s) of military or civilian service: _____

• Was the veteran a Prisoner of War? Yes No

• Did the veteran sustain combat or service-related injuries? Yes No

• **Medals or special service awards:** _____

Name of individual submitting form: _____

Address of individual submitting form: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Relationship to Patriot being honored: _____

- **Please share your remembrances or memoir on a separate sheet of paper and attach to this form.**
- **Is the Patriot interested in recording an oral history?** **Yes** **No**

Release statement:

I understand that I do not give up any copyright I may hold. By submitting this form, I give the Veterans' History Project of the Illinois State Archives the right to permanently:

- **Hold this material in the Illinois State Archives collections;**
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**Please return this form to:
Secretary of State Jesse White
Illinois Veterans' History Project
Illinois State Library
300 S. Second St.
Rm. 410
Springfield, IL 62701**