Okemah
A Unique Community Gone But Not Forgotten

THE OKEMAH VETERANS PROJECT

OKEMAH COMMUNITY HISTORICAL FOUNDATION

Honoring Those Who Served. Preserving Their Stories.

HELP US PRESERVE YOUR FAMILY'S MILITARY HISTORY

Complete what you know—leave anything unknown blank. Veterans, relatives, and friends may submit this form.

You may return it by mail, drop-off, email, or take clear photos of the completed form with your phone and text them to OCHF.

ABOUT THE VETERAN

Veteran's Full Name:

CONNECTION TO OKEMAH

How is this veteran connected to the Okemah community?
Check all that apply.

☐ **Born in Okemah**

☐ **Grew up in Okemah**

☐ **Attended Okemah School**

☐ **Family roots in Okemah**

☐ **Longtime resident of Okemah**

☐ **Descendant of Okemah**

☐ **Other connection: _____**

Okemah Community Historical Foundation
2236 South Noche Depaz • Mesa, Arizona 85202 • 480-720-5682
info@okemahcommunity.com
www.okemahcommunity.com

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Branch of Service:

☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Space Force ☐ Other/Unknown

Approx. Years Served: _____

Rank (if known): _____

Where did they serve? (if known):

_____

War / Conflict / Era (if known):

_____

_____

_____

THEIR STORY

What would you like future generations to know about this veteran?

_____

_____

_____

PHOTOGRAPHS, DOCUMENTS & MEMORABILIA

I have:

☐ Photos ☐ Military Documents ☐ Letters ☐ Newspaper Clippings ☐ Awards ☐ Other

I prefer to share them by:

☐ Text From My Phone ☐ Mail ☐ Drop-Off ☐ Email ☐ Please Contact Me

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NO SCANNER? NO PROBLEM.
Take clear pictures with your phone and text them to OCHF at **[PHONE NUMBER]**.

Please do not mail irreplaceable original photographs or documents without first contacting OCHF.

ABOUT YOU

Your Name:

Relationship to Veteran: _____

Phone: _____

Email: _____

PERMISSION

I confirm that, to the best of my knowledge, I have authority to share the information and materials I provide. I give the Okemah Community Historical Foundation (OCHF) permission to preserve them and use copies for its nonprofit historical, educational, website, publication, exhibit, newsletter, social media, and commemorative purposes. OCHF may contact me for clarification.

☐ **I agree**

Signature: _____ **Date:** _____

RETURN THIS FORM

Mail: [MAILING ADDRESS]
Text: [PHONE NUMBER]
Email: [EMAIL ADDRESS]
Drop-Off: [DETAILS]

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