

**Patriot of the Month  
Submission Form**

Patriots Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Active Duty: \_\_\_\_\_

Branch of Military Service: \_\_\_\_\_  
Rate or Rank: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Veteran: \_\_\_\_\_

Please prepare an interesting narrative about your nominee after you have taken time to personally interview them (add additional sheet if necessary).

AGREEMENT AND UNDERSTANDING: By signing this document, it is understood that the Missouri State Society Daughters of the American Revolution is authorized to publish the photograph and information contained herein for use in official publications, communications, newsletter or electronically (website or Internet). **THIS WAIVER MUST BE SIGNED BY THE NOMINEE.**

Signature of Nominee: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_