

**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: _____