



Irish American Archives Society

WALL OF REMEMBRANCE

1. Contact information for person making submission:

Name _____

Address _____

City, State, Zip _____

Phone number _____

Email address _____

2. Basic information about person(s) being commemorated. (Please make copies of this form if multiple people are being commemorated.):

Name _____

(Please include maiden name, if known, for married woman.)

Birth and Death Dates _____

(Approximate if necessary. For example: ab. 1860-1917.)

3. Profile information about person(s) being commemorated (250 words—or one type-written, double-spaced page—maximum). It is preferred that profile information be submitted as an electronic file attachment in a Word or Word Perfect format. Submit information to iaasadmin@gmail.com. If you cannot submit the information electronically, please attach the information to this form. Fill out the attached form (preferred) or provide equivalent information. Limit answers to one typed page.

4. Photograph of the person to be commemorated. Please submit one photograph per individual. If the photograph has already been scanned, it can be submitted electronically in a jpeg format to iaasadmin@gmail.com. If the photograph has not been scanned, you can submit a copy of it, and we will scan it and return it to you, provided you have supplied the necessary contact information, above.

5. Please note: submission of a profile constitutes an agreement that a paper copy of the profile can be held in the Irish Archives collection at Western Reserve Historical Society.

6. Payment must be made by check and mailed to Irish American Archives Society, P.O. Box 91756, Cleveland OH 44101-3756. After payment is received, profiles will be activated once a quarter, on or about the end of January, April, July, and October.

7. Payment enclosed:

First individual commemorated	1 @ \$99	\$99
(Special for Life Members and WOL Honorees)	1 @ \$75	\$75

Additional multiple individuals commemorated Number _____ @ \$79 each _____

(Special for Life Members and WOL Honorees) Number _____ @ \$65 each _____

Total enclosed _____

**IRISH AMERICAN ARCHIVES SOCIETY
WALL OF REMEMBRANCE PROFILE FORM**

Please fill out this form to the best of your ability. Be specific, but brief. Limit answers to one typed page.

Name (last name, first name), dates (birth year-death year):

Name at birth/Nicknames/Other identifying names:

Date of birth:

Place of birth:

Date of death:

Buried (name of cemetery, city):

Parents:

Siblings:

Grandparents:

Spouse:

Married:

Children:

Immigration information:

Principal addresses/neighborhoods/parishes:

Education:

Work:

Organizations/activities:

Other information: