VETERANS PROJECT INFORMATION AND USE AUTHORIZATION ------- 3 PAGE FORM --

Return to: Judy Allen - Historic Projects Office - PO Box 1210, Durant OK 74702
Or contact Judy Allen, (580) 513-7984 - Judy.allen@choctawnation.com

NAME Louis Battiest (M) or F___ Date of birth Sept 1 turned 76

Phone: mobile: [redacted] Home: ____________

Address: [redacted] Broken Bow 74728

Email: ____________

Branch of Service: Air Force Dates of service: from 66 to 71

Rank at time of discharge: Buck Sgt E4 / Richard adams was staff sgt served w/him)

Where did you attend basic training? ____________

Where did you serve? Viet Nam

What was your job in the service? Structural aircraft firefighter Rescue Division and Unit served 483rd Combat Support Group Cameron Bay Viet Nam

MEDALS AND CITATIONS RECEIVED:
X

Memorable battles/actions or activities during your time in service:
Base was hit several times during night line to wipe out fighter aircraft -

Favorite place you were stationed: Otis AFB in MA

[redacted]tos and interview through Choctaw Nation publications, social media, ontact information will not be published without permission.

X **SIGN HERE** ____________

Date: Nov 2, 2022

Added information:

Stories while in the Service and Family life:

Names of parents, spouse and children, grandchildren:

Where did you grow up?

What was/is your career after military service

Choctaw Veterans,

Thank you for being a part of the Veterans archives information project. A portion of this information gathered may appear in a future Choctaw Veterans book by the Choctaw Nation. You may be contacted for more information. We appreciate your participation very much.

You may turn this short questionnaire in to your Choctaw Nation Field Office and request the staff return it to the Historic Project office in Durant, or you may mail or email it to Durant. Judy.allen@choctawnation.com **If you prefer to be interviewed over the phone, please call Judy Allen at the Historic Projects Office at 580.513.7984, or a time can potentially be set up for an in-person visit at your local community.**

Yakoke.

RELEASE FORM for [Choctaw Veterans book, (working title) and/or Veterans Archive Project, digital portion viewable to the public,

In consideration of me being permitted to participate in the publication featuring Choctaw Veterans and on behalf of myself and/or my child or ward, I hereby acknowledge, understand and agree to the following:

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Participant Statement: By my signature below, I indicate that I have read and fully understand the release form. I understand that by my signing this form, I give up certain legal rights on behalf of myself and/or my child or ward. I guarantee that I am over the age of eighteen (18) and have the legal authority and capacity to consent to the terms of this agreement on behalf of myself and/or my child or ward. I am signing this agreement freely and voluntarily.

Print participant name: _____

Date: NOV 2 2022 Telephone: _____

Add[redacted] _____

Signature of participant or guardian of participant