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 ~~Richard~~ Colin Ludlow M__ or F__ Date of birth 1 13 45

Phone: mobile: [redacted]

Address: Ho[redacted]

Email: _____

Branch of Service: Army Dates of service: from drafted 66 to 68

Rank at time of discharge: Spec 4

Where did you attend basic training? Fort Polk

Where did you serve? Korea 13 months > ATS-

What was your job in the service? Medic and then amb. driver Division and Unit served 9th Infantry

MEDALS AND CITATIONS RECEIVED:

Memorable battles/actions or activities during your time in service:

Favorite place you were stationed: _____

PERMISSION to share information, photos and interview through Choctaw Nation publications, social media, archives, and website. Your personal contact information will not be published without permission.

X**SIGN HERE** Colin Ludlow

Date: 1-18-23

Added information:

Stories while in the Service and Family life:

Names of parents, spouse and children, grandchildren:

Parents - Ray O D Ludlow + Adeline Johnson

Where did you grow up? Hominy

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
Mailing:
Judy Allen, Choctaw Historic Project Officer
PO Box 1210
Durant OK 74702

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,

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Print participant name: [redacted]

Date: 1-18-2023 Telephone: [redacted]

Address: [redacted]

X [redacted]

Signature of participant or guardian of participant