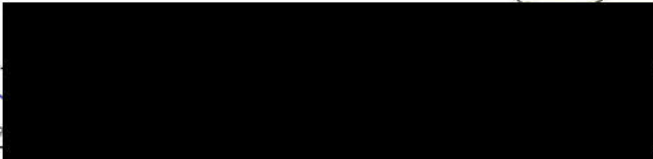


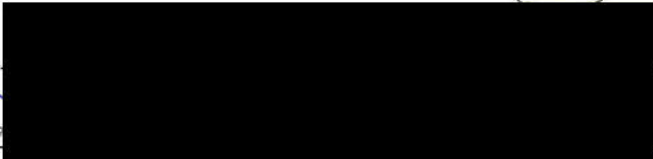
VETERANS PROJECT INFORMATION AND USE AUTHORIZATION ----- 3 PAGE FORM --

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 ~~Robert~~ ^{Lolin} Ludlow M or F Date of birth 1/13/45

Phone: mobile: 

Address: Ho 

Email: _____

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

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 Your personal contact information will not be published without permission.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 Lolin Ludlow

Date: 1-18-23

Added information:

Stories while in the Service and Family life:

Names of parents, spouse and children, grandchildren:

Parents - Ray D D Laddow + Adeline Johnson

Where did you grow up? Memphis

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,

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: 1-18-2023 Telephone: _____

Address: _____

X Lela Taylor
Signature of participant or guardian of participant