

Delaware Bay Watermen's Memorial Nomination

Your Name: _____

Current Address: _____

City State Zip

Telephone: (primary) () _____ (secondary) () _____

Email: _____

Criteria:

*Watermen who drowned or died in the line of duty
while working in their industry on and along New Jersey's Delaware Bay*

Nominee name: _____

Description of nominee's story and personal history:

Please attach support materials, if available
(copies of newspaper clippings, death certificate, etc.)

Over

If known:

Date of birth: _____ Date of death: _____

Birthplace: _____

Spouse's name: _____

Children's names/years of birth: _____

Ethnic heritage: _____

Education, apprenticeship, and training experience: _____

Occupational experience: _____

Church or religious affiliation: _____

Membership in organizations (civic, social, etc.): _____

Special interests, skills and hobbies: _____

Please return to:

Rachel R. Dolhanczyk

Museum Curator

Bayshore Center at Bivalve

2800 High Street, Port Norris, NJ 08349

museum@bayshorecenter.org

Also visit <http://www.historicportnorris.org/watermen.htm>

for more information on this Memorial.