

Abraham Lincoln Presidential Library

'Illinois Statecraft' Biographical Data

PLEASE PRINT CLEARLY

Name _____
first middle initial last

Address _____

City _____ State _____ ZIP _____ Phone _____

Work Phone (_____) - _____ Email _____

Place of Birth _____ Birth Date _____
mm / dd / yyyy

Male Female Race/Ethnicity (*optional*) _____

Father _____ Mother _____
Name / Ethnicity Name / Ethnicity

Parents' Occupation(s) _____

Home Town(s) _____ H/S Grad year _____ Military Service: Yes , No

College? _____
School attended Major Graduation Year?

Additional Degrees + yr received?

Single , Married , Divorced/widowed _____
Spouse's Name Yr Married

Spouse's Occupation

Children _____
List in order by name & year of birth

Employment History _____

Offices(s) held & years _____

Political Affiliation _____ Organizational Affiliations _____

Abraham Lincoln Presidential Library Oral History Program
Please use reverse for additional biographical information.
Revised May 2007

Additional Information: