



Dedicated to Preserving our Heritage Resources

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War Bride's Story

War Bride's Full Name	
War Bride's Maiden Name	
Person Completing This Form If Not War Bride	Name _____ Relationship _____
Current Address of Person Completing Form	Street _____ City _____ Prov. _____ Postal Code _____
Telephone Number	
Email Address	
Ship's Name	
Date of Embarkation	
Date of Arrival	
Port of Embarkation	
Port of Arrival	

Please type your War Bride story in the box below. If you are handwriting your story, please use additional sheets of paper.



Please send photo to accompany the story. It maybe actual photograph or digital.

My signature below signifies my agreement that the information provided on this form may be posted on the Middlesex Centre Archives website www.middlesexcentearchive.ca and/or other publications and I am legally able to give this authorisation.

Name _____

Signature _____

Date _____

The completed document may be emailed to middlesexcentearchives@gmail.com
OR mailed to

Middlesex Centre Archives
2652 Gideon Drive
Delaware, ON
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