

African American Civil War Museum USCT Descendant Registration Form

USCT Ancestor/s Name: _____

Regiment/s: _____

Family Registration Form:

Name: _____

Address: _____

Street

City/State/Zip

Email: _____ Phone Number: _____

I would like to do a presentation at the museum on my ancestor.

What day and time would you like to do your presentation? _____

(All descendant presentations are conducted on the first Saturday of every month at either 11:00 am or 1:00pm. Please specify time if you have a preference. If they date and time is available you will receive a confirmation for your date)

(To add more names list on the back of this page)

Do you or any of your family members have any documents, photos, or artifacts that belonged to the soldier(s) listed above? If so please provide a scanned copy of documents by email or mail with this form to:

**African American Civil War Museum
Attn: USCT Descendant Documents
1925 Vermont Ave, NW
Washington DC 20001**

education@afroamcivilwar.org (subject line USCT Descendant Documents)

202-667-2667 Phone

202-667-6771 Fax