

REQUIRED



To ensure inclusion in the Veterans History Project, this form must accompany each submission. Please use reverse or additional sheet if service was in more than one war or conflict.

Veteran Civilian

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone (_____) _____ Email _____

Place of Birth _____ Birth Date ___/___/____ Death Date ___/___/____

Next of Kin: Name and Address: _____

Race/Ethnicity (optional) _____ Male Female

Though you are not required to do so, providing this information will help researchers and ensure our collections accurately reflect the races and ethnicities of all who served.

Branch of Service or Wartime Activity _____

Commissioned Enlisted Drafted Service dates ___/___/____ to ___/___/____

Highest Rank _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) _____

War, operation or conflict _____

Locations of military service _____

Battles/campaigns (Names) _____

Medals or service awards (Please list as specifically as possible.) _____

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

Did the veteran sustain combat or service-related injuries? Yes No

Interviewer (if applicable) _____

(Please use next page for any additional biographical information.)

