

REQUIRED

Biographical Data Form

To ensure your story is properly archived and for inclusion in the Veterans History Project, this form must accompany each submission.

PLEASE PRINT CLEARLY

Veteran Civilian _____
first middle last maiden name

Address _____

City _____ State _____ Zip _____ - _____

Telephone (_____) - _____ Email _____
month/ day/ year

Place of Birth _____ Birth Date _____

Race/Ethnicity (*optional*) _____ Male Female

Branch of Service or Wartime Activity _____

Commissioned Enlisted Drafted Service dates _____ to _____

Highest Rank _____

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

Operation or conflict served in _____

Locations of military or civilian service _____

Battles/campaigns (please name) _____

Medals or special service awards. If so, please list (be as specific as possible): _____

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

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

Interviewer (if applicable) _____

