

Biographical Data Form (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.

Please Print Clearly						
Veteran's Name:						
Address:						
City:	State:	Zip:				
Telephone: ()	Email:					
Place of Birth:	Birth Date:		Death Date:			
Next of Kin's: Name and Address:		(month/day/year)		(month/day/year)		
Race/Ethnicity (optional):			Male □	Female □		
Though you are not required to do so, providing this info and ensure our collections accurately reflect the diversi						
Branch of Service or Wartime Activity:						
Commissioned ☐ Enlisted ☐ Drafted ☐	Service dates	s:	to			
Highest Rank:						
Unit, Division, Battalion, Group, Ship, etc. (Do not abb	reviate.):					
War, operation or conflict:						
Locations of military service:						
Battles/campaigns (Names):						
Medals or service awards (Please list as specifically a	s possible.):					
Special duties/highlights/achievements:						
Was the veteran a prisoner of war? Yes □	No □					
Did the veteran sustain combat or service-related injur	ries? Yes □	No □				
Interviewer (if applicable):						

(Please use reverse for any additional biographical information.)

Additional Service History Information (if necessary)

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 co	nflict:							
Locations of military	service:							
Battles/campaigns (Names):							
Medals or service awards (Please list as specifically as possible.):								
Special duties/highli	ghts/achievem	ents:						
Was the veteran a p	risoner of war?	Yes □	No 🗆					
Did the veteran sust	ain combat or	service-related inj	uries? Yes □	No □				
Additional Biograp	hical Informa	ation:						