

# REQUIRED

## Biographical Data Form

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  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.) \_\_\_\_\_

War, 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) \_\_\_\_\_

(Please use reverse for any additional biographical information.)

