## **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:			Death Date				
Next of Kin: Name and Address:		(month/day/year)		(month/day/year)			
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 diversity of all who served.  Branch of Service or Wartime Activity:							
Commissioned ☐ Enlisted ☐ Drafted ☐	Service date	S:	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):	Janeo: 165 🗆	110 🗖					

(Please use reverse for any additional biographical information.)

## **Additional Service History Information (if necessary)**

Branch of Service or Wartime Activity:							
Commissioned □	Enlisted <b>□</b>	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 (N	lames):						
Medals or service awards (Please list as specifically as possible.):							
Special duties/highlig	ghts/achieveme	ents:					
Was the veteran a pr		Yes □	No 🗖				
Did the veteran susta	ain combat or s	ervice-related injur	ies? Yes □	No □			
Additional Biograp	hical Informat	ion:					