

(G) ORAL HISTORY BIOGRAPHICAL DATA FORM (1-17)

PLEASE PRINT CLEARLY (use reverse side as needed)

Name: _____
First Middle Last Maiden Name

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: home: () _____ cell: () _____

Email Address: _____

Place of Birth: City: _____ State: _____

Date of Birth: _____ month/day/year Male: _____ Female: _____

Active Duty Service Dates: _____ to _____ Highest Rank: _____
month/day/year month/day/year

Reserve Duty Service Dates: _____ to _____
month/day/year month/day/year

Wars/Conflicts in which you served: _____

Medals or Service Awards you received: _____

(Please use reverse side as needed)

Combat experience: Yes No Were you wounded in action? Yes No

Were you a Prisoner of War? Yes No If yes, where? _____

Locations + Dates of service (i.e. hospitals, clinics, ships, special commands, etc.): _____
(Please use reverse side as needed)

Nursing and/or military specialties: _____

Have you been previously interviewed about your military experience? Yes No

If yes, who interviewed you? _____
Name of person who performed interview/organization/address/interview date

Name of NNCA interviewer: _____

Date of NNCA interview: _____

NNCA Chapter of Interviewee _____