

# 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: \_\_\_\_\_  
(month/day/year) (month/day/year)

Next of Kin: Name and Address: \_\_\_\_\_

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 dates: \_\_\_\_\_ 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): \_\_\_\_\_

**(Please use reverse for any additional biographical information.)**

**Biographical Data Form** (Please print, complete and submit with the collection)

## 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 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

Additional Biographical Information: \_\_\_\_\_