



# Biographical Data Form

To ensure inclusion in our National Registry of Service, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war.

PLEASE PRINT CLEARLY

Veteran  Civilian  \_\_\_\_\_  
first middle last maiden name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ -

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Race/Ethnicity (optional) \_\_\_\_\_ Male  Female  month/day/year

Branch of Service or Wartime Activity \_\_\_\_\_

Battalion, Regiment, Division, Unit, Ship, etc. \_\_\_\_\_

Highest Rank \_\_\_\_\_

Enlisted  Drafted  Service dates \_\_\_\_\_ to \_\_\_\_\_

War(s) in which individual served \_\_\_\_\_

Locations of military or civilian service \_\_\_\_\_

Was the veteran a prisoner-of-war? Yes  No

Did the veteran or civilian sustain combat or service-related injuries? Yes  No

Medals or special service awards. If so, please list (be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_

Are photographs included? Yes  No  (If yes, please complete the Photograph Log in this kit.)

Are manuscripts included? Yes  No  (If yes, please complete the Manuscript Data Sheet in this kit.)

Does the veteran or civilian have field maps Yes  No  or wartime-related home movies Yes  No   
that he or she would like to share with the Library of Congress? (If yes, we will contact you shortly.)

Interviewer (if applicable) \_\_\_\_\_

Partner organization affiliation (if any, i.e. AARP, etc.) \_\_\_\_\_

Please use reverse for additional biographical information.

