



## OCS Foundation Veterans History Project Special Information Sheet

To ensure proper documentation of OCS/OTS/OTC related information, this form must accompany your project submission.

This PDF form allows you to type directly into each information field. However, if you choose to hand write your form, please print clearly.

_____			
FIRST	MIDDLE	LAST	MAIDEN NAME
Place of Birth _____		Date of Birth _____	
		MONTH / DAY / YEAR	
Branch of Service _____			
Location of School _____			
( EXAMPLE: FORT BENNING, GEORGIA OR CAMP HOOD, TEXAS )			
OCS/OTS/OTC Class Number _____		_____	
		( EXAMPLE: 04-76 )	
Date of OCS/OTS/OTC Graduation _____		_____	
		( PLEASE BE EXACT AS POSSIBLE )	