



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.



Additional Information:
