

Biographical Data Form

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.**

Africa

PLEASE PRINT CLEARLY

Veteran Civilian Walter
first middle last maiden name

Place of Birth Manchester, NH Birth Date _____ month/day/year

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity NAVY

Commissioned Enlisted Drafted Service dates 1943 to 1947

Highest Rank MEDICAL CORPSMAN 1st CLASS

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) MEDICAL CORP

War, operation, or conflict served in WW II

Locations of military or civilian service US ONLY, NORFOLK, VA;

NEWPORT, RI

Battles/campaigns (please name) _____

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

Special duties/highlights/achievements _____

Was the veteran a prisoner of war? Yes No

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

Interviewer (if applicable) _____

(Please use reverse for any additional biographical information.)