

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.

PLEASE PRINT CLEARLY

Veteran Civilian VIRGINIA D. BAKER GOLDEN
first middle last maiden name

Place of Birth WEST CARROLTON, OH Birth Date 1922

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity WAVES

Commissioned Enlisted Drafted Service dates 12/14/44 to 11/12/1945

Highest Rank Sp 4c

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

War, operation, or conflict served in WWII

Locations of military or civilian service PATUXET RIVER, MD (NAT 5)

VR-9 VR-1

Battles/campaigns (please name) _____

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

Special duties/highlights/achievements Teletype OPERATOR

(COMMUNICATIONS UNIT)

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.)