

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 JOSEPH BASKIN
first middle last maiden name

Place of Birth BROOKLYN, NY Birth Date 1917

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity ARMY

Commissioned Enlisted Drafted Service dates 3/7/1942 to 10/10/1945

Highest Rank TECH. SGT

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

War, operation, or conflict served in WW II

Locations of military or civilian service FORT DIX, N.J.

HAWAII / IWO JIMA / RYUKYU ISLANDS

Battles/campaigns (please name) IWO JIMA

Medals or special service awards. If so, please list (be as specific as possible): ASIA-PACIFIC SERVICE MEDAL / GOOD CONDUCT / etc

Special duties/highlights/achievements MESSAGE CENTER Chief / OPS

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.)