

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 GLORIA BATTLES CROUSE
first middle last maiden name

Place of Birth SANTA ANA, CA Birth Date 1922

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity WAVE (USNR)

Commissioned Enlisted Drafted Service dates 9/18/1943 to 12/13/1945

Highest Rank MAM2/C Petty OFFICER

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

War, operation, or conflict served in WW II

Locations of military or civilian service SAN FRANCISCO, CA / SAN DIEGO, CA
IMPERIAL BEACH, CA

Battles/campaigns (please name) —

Medals or special service awards. If so, please list (be as specific as possible): AMERICAN
AREA Campaign Medal / WW II Victory Medal

Special duties/highlights/achievements MAIL CLERK, Fleet Post Office
SUPERVISOR, BRANCH PO IMPERIAL BEACH, CA RADIO STATION

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.)