

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 PAMELA BJORLIN HORRIDGE
first middle last maiden name

Place of Birth DUBLIN, IRELAND Birth Date 1915

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity NAVY - WAVES

Commissioned Enlisted Drafted Service dates Nov. 1943 to Dec. 1945

Highest Rank Pharmacist Mate Second Class

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) U.S. Naval Hospital, Honolulu Hawaii, USNAVAL Hospital St. Albans, Long Island, NY

War, operation, or conflict served in _____

Locations of military or civilian service Long Island, NY; Honolulu, HI

Battles/campaigns (please name) _____

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

Special duties/highlights/achievements Hospital Lab Technician

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.)