

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 Bette MARIE Bradley Hendricks
first middle last maiden name

Place of Birth St. Paul, MN Birth Date 1924
Race/Ethnicity (optional) WHITE Male Female

Branch of Service or Wartime Activity USNR - WAVES
Commissioned Enlisted Drafted Service dates 6-1944 to 7-1946
Highest Rank SPEC 1st class
Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) _____

War, operation, or conflict served in _____
Locations of military or civilian service BUNKER HILL IN (NAS)
Glenview NAS IL
Battles/campaigns (please name) none

Medals or special service awards. If so, please list (be as specific as possible):
none

Special duties/highlights/achievements LINK operator - taught
instrument flying to NAVAL and MARINE Pilots

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.)

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PLEASE PRINT CLEARLY

Veteran Civilian BETTE BRADLEY HENDRICKS
first middle last maiden name

Place of Birth ST. PAUL, MN Birth Date 1924

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity NAVY

Commissioned Enlisted Drafted Service dates June 1944 to July 1946

Highest Rank SPECIALIST FIRST CLASS

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

War, operation, or conflict served in _____

Locations of military or civilian service Hunter College, NY; Atlanta, GA, Bunker Hill NAVAL AIR Station, IN, Glenview NAVAL Air Station, IL

Battles/campaigns (please name) _____

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

Special duties/highlights/achievements Link Trainer Instructor

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.)