

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 ABRAHAM BREGEN

Place of Birth PHILADELPHIA, PA Birth Date 1919

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity ARMY

Commissioned Enlisted Drafted Service dates 6/1/1942 to 4/5/1946

Highest Rank T/4

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) Station Hospital, Philippines;
1944 Station Hospital, New Guinea

War, operation, or conflict served in Philippines, New Guinea

Locations of military or civilian service Fort Riley, KN

Battles/campaigns (please name) Philippines, New Guinea

Medals or special service awards. If so, please list (be as specific as possible): Asiatic Pacific
Campaign Medal, Philippine Liberation Medal, WW II Victory Medal,
Good Conduct Medal, American Campaign Medal

Special duties/highlights/achievements Dental Technician and Medical
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.)