

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

Valerie J.

CRANE

PETER

first

middle

last

maiden name

Place of Birth Omaha, Neb Birth Date -32 /year

Race/Ethnicity (optional) White Male Female

Branch of Service or Wartime Activity Navy Nurse

Commissioned Enlisted Drafted Service dates 1957 to 1959

Highest Rank Lt. Junior Grade

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

War, operation, or conflict served in Peace time

Locations of military or civilian service U.S. Naval Hospital

St. Albans, New York

Battles/campaigns (please name) 0

Medals or special service awards. If so, please list (be as specific as possible): 0

Special duties/highlights/achievements _____

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.)