

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 CLARA W. SEHI WEIGEL
first middle last maiden name

Place of Birth LOS ANGELES Birth Date -20 /year

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity WW II NAVY WAVE

Commissioned Enlisted Drafted Service dates 9-43 to 5-44

Highest Rank _____

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

War, operation, or conflict served in WASH DC.

Locations of military or civilian service WASH. D.C.

Battles/campaigns (please name) _____

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

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.)