

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 LEON WECKER

Place of Birth New York City Birth Date -18 /year

Race/Ethnicity (optional) WHITE Male Female

Branch of Service or Wartime Activity SIGNAL CORP

Commissioned Enlisted Drafted Service dates 1942 to 1943

Highest Rank CPL

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

War, operation, or conflict served in WW II

Locations of military or civilian service NEW YORK CITY, ABILENE, TEXAS

Battles/campaigns (please name) _____

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

Special duties/highlights/achievements VOICE OF AMERICA, MASTER CONTROL, PROPAGANDA (COUNTER) IN SEVERAL LANGUAGES

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.)

HOLDS MANY PATENTS