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 ☐ Walter

first  middle  last  maiden name

Place of Birth Manchester, NH

Race/Ethnicity (optional) ____________________________ Male ☑ Female ☐

Branch of Service or Wartime Activity NAVY

Commissioned ☐, Enlisted ☑ Drafted ☐ Service dates 1943 to 1947

Highest Rank MEDICAL CORPSMAN 1ST CLASS

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

War, operation, or conflict served in WWII

Locations of military or civilian service US ONLY, Norfolk, VA;

Newport, RI

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.)

VETERANS HISTORY PROJECT