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 ☐ John ___________ Alonge ___________
first middle last maiden name

Place of Birth Rome, NY. Birth Date 1927/year
Race/Ethnicity (optional) White Male ☑ Female ☐

Branch of Service or Wartime Activity NAVY
Commissioned ☐ Enlisted ☑ Drafted ☐ Service dates 1944 to 1946
Highest Rank

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

War, operation, or conflict served in

Locations of military or civilian service Texas

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