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 ☐ JOSEPH GASKIN
first middle last maiden name

Place of Birth BROOKLYN, NY Birth Date 1917

Race/Ethnicity (optional) ☐ Male ☐ Female ☐

Branch of Service or Wartime Activity ARMY
Commissioned ☐ Enlisted ☑ Drafted ☐ Service dates 3/7/1942 to 10/10/1945
Highest Rank Tech. Sgt

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

War, operation, or conflict served in WWII

Locations of military or civilian service FORT DIX, N.J.
HAWAII/ TWO SIMA/ RYU KYUS ISLANDS

Battles/campaigns (please name) TWO SIMA

Medals or special service awards. If so, please list (be as specific as possible): ASIA-PACIFIC
SERVICE MEDAL / GOOD CONDUCT MEDAL

Special duties/highlights/achievements MESSAGE CENTER CHIEF/OPS

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