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 ☐ PAMELA BJORLIN HORRIDGE

Place of Birth DUBLIN, IRELAND Birth Date 1915
Race/Ethnicity (optional) Male ☐ Female ☑

Branch of Service or Wartime Activity NAVY - WAVES
Commissioned ☐ Enlisted ☑ Drafted ☐ Service dates Nov 1943 to Dec 1945
Highest Rank PHARMACIST 1ST CLASS

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) US Naval Hospital, Honolulu, Hawaii, US WAVES Hospital at St. Albens, Long Island, NY

War, operation, or conflict served in
Locations of military or civilian service Hong Island, NY; Honolulu, HI

Battles/campaigns (please name)

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

Special duties/highlights/achievements Hospital lab technician

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