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 □  Bette Marie Bradley Hendricks

Place of Birth  St. Paul, MN  Birth Date  1924
Race/Ethnicity (optional)  WHITE  Male □  Female □

Branch of Service or Wartime Activity  US NAVY - WAVES
Commissioned □  Enlisted □  Drafted □  Service dates 6-1944 to 7-1946
Highest Rank  Spec 1st Class
Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.)

War, operation, or conflict served in
Locations of military or civilian service  Bunker Hill IN (NAS)

Glenview NAS IL

Battles/campaigns (please name)  None

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

none

Special duties/highlights/achievements  LINK OPERATOR - TAUGHT INSTRUMENT FLYING TO NAVAL AND MARINE PILOTS

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.)
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Veteran □  Civilian □  _ _ _ _ _ _ _ B R A D L E Y  H E N D R I C K S

Place of Birth ______________ Birth Date ______________

Race/Ethnicity (optional) ____________________________ Male □  Female □

Branch of Service or Wartime Activity ______________

Commissioned □  Enlisted □  Drafted □  Service dates ______________ to ______________

Highest Rank ____________________________

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

War, operation, or conflict served in ____________________________

Locations of military or civilian service ______________

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