Biographical Data Form

To ensure inclusion in the Veterans History Project, this form must accompany each sub-
mission. Please use reverse or additional sheet if service was in more than one war or
conflict.

PLEASE PRINT CLEARLY
Veteran ☑ Civilian ☐ ALFRED BRIGGS

Place of Birth Moorhead, MN Birth Date 1916
Race/Ethnicity (optional) Male ☑ Female ☐

Branch of Service or Wartime Activity Air Force E
Commissioned ☐ Enlisted ☑ Drafted ☐ Service dates to

Highest Rank
Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) 439th Troop Carrier, 93rd Squad Bom
War, operation, or conflict served in England, France

Locations of military or civilian service

Battles/campaigns (please name)

Medals or special service awards. If so, please list (be as specific as possible): 3 Air Medals

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.)