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 ☑ GEORGE F. KANTOR

Address
City
Telephone
Email

Place of Birth NEW YORK, Birth Date

Race/Ethnicity (optional) WHITE, Male ☑ Female ☐

Branch of Service or Wartime Activity 6th ARMORED
Commissioned ☑ Enlisted ☑ Drafted ☐ Service dates 10/10/43 to 1945

Highest Rank

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) 400 APA BN

War, operation, or conflict served in

Locations of military or civilian service 5TH ARMORED/SECOND LIEUTENANT

Battles/campaigns (please name) 5TH ARMORED/GREAT BARRIER

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

American Campaign Medal, European-African-Middle Eastern Medal, Good Conduct Medal

Special duties/highlights/achievements CLASSIFICATION SPECIALIST 275, LEAD ORIGINAL

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.)