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 □ CLARA W. SEUß WEIGEL

Place of Birth  LOS ANGELES  Birth Date 1-20/year
Race/Ethnicity (optional)
Male □ Female □

Branch of Service or Wartime Activity  WAVES
Commissioned □ Enlisted □ Drafted □ Service dates 9-13 to 5-14
Highest Rank
Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) COMMUNICATIONS

War, operation, or conflict served in  WASH. DC.
Locations of military or civilian service  WASH. D.C.

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.)