

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 Robert Sheridan

Place of Birth Chicago, Ill. Birth Date 32 /year

Race/Ethnicity (optional) _____ Male Female

Branch of Service or Wartime Activity US ARMY

Commissioned Enlisted Drafted Service dates 2/53 to 2/56

Highest Rank SP/3

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) 105th Medical Gp.

War, operation, or conflict served in KOREA

Locations of military or civilian service FRANCE

Battles/campaigns (please name) _____

Medals or special service awards. If so, please list (be as specific as possible): good conduct, sharp shooter, European ribbon

Special duties/highlights/achievements Interpreter for commanding officer

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.)

