

REQUIRED

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 Marion Louise Swarthall (Howard)
first middle last maiden name
Address _____
City La Grange Woods State CA ZIP 94637
Telephone _____ Email _____
Place of Birth NYC Birth Date 7/1921 month/day/year
Race/Ethnicity (optional) Army Nurse Corp Male Female
Branch of Service or Wartime Activity ↓ May 1, 1943 - Oct 2, 1944
Commissioned Enlisted Drafted Service dates _____ to _____
Highest Rank 1st Lt
Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) _____
War, operation, or conflict served in _____
Locations of military or civilian service Governors Island
Base - Statax Is.
Battles/campaigns (please name) _____
Medals or special service awards. If so, please list (be as specific as possible): _____
Special duties/highlights/achievements Basic Nursing - Soldiers who
were ill Also on maternity ward
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.)