

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

EMMANUEL TRESOW

Place of Birth NYC Birth Date 2/2 /year

Race/Ethnicity (optional) optional Male Female

Branch of Service or Wartime Activity ARMY

Commissioned Enlisted Drafted Service dates _____ to _____

Highest Rank PFC

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) 2nd BN 343RD INF

War, operation, or conflict served in see attached

Locations of military or civilian service see attached

Battles/campaigns (please name) Europe & South Pacific

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.)