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 ☐  M I L T O N  U R I C K  
first  middle  last  maiden name  

Place of Birth  Norfolk, VA  Birth Date  1-2-00  /year  

Race/Ethnicity (optional)  WHITE  Male ☑  Female ☐  

Branch of Service or Wartime Activity  US MERCHANT MARINES  
Commissioned ☐  Enlisted ☑  Drafted ☐  Service dates  13 July 43 1 July 46  
Highest Rank  LT(jg) US MARINE TIME SERVICE  
Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) SHIPS (SEE  ADDITIONAL IN FAQ P2  
War, operation, or conflict served in  WW II  
Locations of military or civilian service  NORTH AND SOUTH ATLANTIC  
MED = MEDICINE = MEDICAL  PACIFIC  
Battles/campaigns (please name)  NORTH ATLANTIC CONVOYS  

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

Special duties/highlights/achievements  SHIPS ELECTRICIAN - STEAM ENG.  
BOILER ENG. REPAIR SUP  

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.)