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 ☐

Place of Birth  New York City
Birth Date  18
Race/Ethnicity (optional)  White
Male ☑  Female ☐

Branch of Service or Wartime Activity  SIGNAL CORP
Commissioned ☐  Enlisted ☑  Drafted ☑  Service dates 1942 to 1943
Highest Rank  CPL

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.)  SPECIAL SERVICE

War, operation, or conflict served in  WW II
Locations of military or civilian service  NEW YORK CITY, ABILENE, TEXAS

Battles/campaigns (please name)

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

Special duties/highlights/achievements  VOICE OF AMERICA, MASTER CONTROL, PROPAGANDA (COUNTER) IN SEVERAL LANGUAGES

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.)

Holds MANY PATENTS

VETERANS HISTORY PROJECT