Veteran Information Form

Name of Serviceman_____

Branch of Service_____

Rank Achieved_____

Service Dates_____

Location of Basic Training_____

Metals or Citations Received_____

Places Stationed, Dates and Duties_____
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Most Memorable Incident_____
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Birth of Veteran_____Death of Veteran_____
Burial Site of Veteran_____
Name, address, phone and email of person submitting
information_____
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_____

Relationship to Serviceperson_____

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