

Biographical Data Form Veterans Archives

Please Print Clearly

Veteran/Civilian _____
First Middle Last Maiden Name

Address _____

City _____ State _____ Zip _____ - _____

Telephone (_____) - _____ Email _____

Place of Birth _____ Birth Date _____
Month/day/year

Male ____ Female ____ Race/Ethnicity (*optional*) _____

Branch of Service or Wartime Activity _____

Battalion, regiment, Division, etc. _____

Highest Rank _____

Date(s) of Enlistment/Service _____ to _____

War(s) in which individual served _____

Locations of military or civilian service _____

Did the veteran sustain combat or service-related injuries? Yes ____ No ____

Was the veteran a prisoner-of-war? Yes ____ No ____

Medals or special service awards? If so, please list _____

Please use the back of this form for any additional information that you would like to add.

Please return this completed form to:

Nancy Bisbe

Mariemont Junior High School

6743 Chestnut Street

Cincinnati, OH 45227

nbisbe@mariemontschools.org
