

Military Biographical Information Form



This form can be filled out for/by any person who served in the US Military. The Lowell Area Historical Museum is compiling a record of area service men and women to be shared with the Library of Congress' Veterans History Project. Records for those who either served our country in peacetime or during the Civil War, World War I, World War II, the Korean War, Vietnam, Desert Storm and/or Operation Enduring Freedom are very much appreciated. Please use a separate form for each service person.

The Veteran Record of: (PLEASE PRINT CLEARLY)

Name: _____ Birthdate: _____
 First Middle Last Maiden

Address, if Living: _____

City _____ State _____ Zip _____

Phone: (_____) - _____ E-Mail _____

Dates of Service: Entry date: _____ Discharge date: _____ Enlisted Drafted
 (Month/ year) (Month/year)

Branch of Service (Please circle): Army Navy Air Force Marines Coast Guard Nat'l. Guard Reserves

Battalion, Regiment, Division, etc.: _____ Tour of Duty: (war/conflict) _____

Locations of Service and Duties: _____

Highest Rank: _____ Was veteran a POW? _____

Combat/service-related injuries? _____ Killed in action/ service-related injuries? _____

Member of veterans organization? _____ Post# _____

Medals or special awards:

If Deceased, Date of Death: _____ Place of Death: _____ Place of Burial: _____

Continue on reverse

Interesting & Informative Information (i.e., Combat or Peacetime Experience or other information that would benefit future generations:

Location of Combat: _____

Combat Duties: _____

Are **photographs** included or available? _____

Are **manuscripts** included or available? _____

Does veteran have **field maps**? _____ Or wartime-related home **movies**? _____

(Items can be copied or scanned and originals returned to person. Scanning or copying does not damage items.)

THANK YOU VERY MUCH FOR YOUR HELP WITH THIS PROJECT

For more information, contact: Lowell Area Historical Museum
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