

GLENVIEW VETERANS  
ORAL HISTORY PROJECT

BIOGRAPHICAL DATA FORM

(Please use reverse or additional sheet if service was in more than one war or conflict)

PLEASE PRINT CLEARLY:

Veteran  Civilian  \_\_\_\_\_  
First Middle Last Maiden Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) - \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month / day / year

Race / Ethnicity (optional) \_\_\_\_\_ Male  Female

Branch of Service or Wartime activity: \_\_\_\_\_

Commissioned  Enlisted  Drafted  Service dates \_\_\_\_\_ to \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Unit, Division, Battalion, Group, Ship, etc. (do not abbreviate) \_\_\_\_\_

\_\_\_\_\_

War, operation, or conflict served in \_\_\_\_\_

Locations of military or civilian service: \_\_\_\_\_

\_\_\_\_\_

Battles / campaigns (please name) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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Special duties / highlights / achievements: \_\_\_\_\_

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Was the veteran a prisoner of war? Yes  No

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

Interviewer: \_\_\_\_\_

Additional Biographical Information:  
(Please use reverse if necessary)