



The University of Central Florida Community Veterans History Project

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 [ ] first middle last maiden name

Address

City State ZIP

Telephone ( ) - Email month/day/year

Place of Birth Birth Date

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):

Special duties/highlights/achievements

Was the veteran a prisoner of war? Yes [ ] No [ ]

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