

The Temple Veterans History Project Biographical Data Form

Date: _____

Name & Contact Information:

Veteran's Name: _____

Male or Female: _____

Name of person completing this form, if other than

veteran: _____

Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email: _____

Vital Information:

Veteran's Place of Birth: _____

Veteran's Birth Date: _____

Veteran's Death Date: _____

If born outside of the U.S., immigration date: _____

Temple Membership Information:

Temple membership date: _____

Did the veteran attend The Temple Religious School? When? _____

Was he or she, and if so when?:

- Consecrated at The Temple? _____
- Bar or bat mitzvahed at The Temple? _____
- Confirmed at The Temple? _____
- Married at The Temple? _____
- Does the veteran have children, grandchildren, or other relatives who are Temple members? _____

Military Service Information:

Branch of Service or Wartime Activity: _____

Commissioned? Enlisted? Drafted? _____

Service dates: _____ to _____

Highest Rank & Promotion Date: _____

Unit, Division, Battalion, Group, Ship, etc. (do not abbreviate): _____

War, operation, or conflict: _____

Locations of military service: _____

Battles/campaigns (names): _____

Medals or service awards received (please list as specifically as possible): _____

Special duties/highlights/achievements: _____

Was the veteran a prisoner of war?: _____

Did the veteran sustain combat or service-related injuries?: _____

Additional service history information, if necessary:

Branch of Service or Wartime Activity: _____

Commissioned? Enlisted? Drafted? _____

Service dates: _____ to _____

Highest Rank & Promotion Date: _____

Unit, Division, Battalion, Group, Ship, etc. (do not abbreviate): _____

War, operation, or conflict: _____

Locations of military service: _____

Battles/campaigns

(names): _____

Medals or service awards received (please list as specifically as

possible): _____

Special duties/highlights/achievements: _____

Was the veteran a prisoner of war?: _____

Did the veteran sustain combat or service-related

injuries?: _____

Additional biographical information: