Veteran Background Information Form

(Please print clearly)

Name _____
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 of enlistment/service _____

War(s) in which you served _____

Locations of military or civilian service _____

Did you sustain combat or service-related injuries? Yes _____ No _____ If yes,

please provide details of your injuries. _____

_____

Were you a prisoner of war? Yes _____ No _____ If yes, please provide details of

your imprisonment. _____

_____

Medals or special service awards? Yes _____ No _____ If yes, please provide

details of your awards. _____

_____