



Veterans' History Project Biographical Data Form



Everyone who records interviews in connection with the Veterans History Project must fill out this form for each person interviewed.

PLEASE PRINT CLEARLY

Veteran/Civilian _____
first middle last maiden name

Address _____

City _____ State _____ ZIP _____ - _____

Telephone (_____) - _____ Email _____

Place of Birth _____ Birth Date _____
YYYY/MM/DD

Male Female Race/Ethnicity (optional) _____

Branch of Service or Wartime Activity _____

Battalion, Regiment, Division, etc. _____

Highest Rank _____

Date(s) of Enlistment/Service _____ to _____

War(s) in which individual served _____

Locations of military or civilian service _____

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

Was the veteran a prisoner-of-war? Yes No

Medals or special service awards. If so, please list:

Are photographs included? Yes No (If yes, please complete the Photograph Log in this kit.)

Are manuscripts included? Yes No (If yes, please complete the Manuscript Data Sheet in this kit.)

Does the veteran or civilian have field maps Yes No or wartime-related home movies Yes No
that he or she would like to share with the State Historical Society of North Dakota? (If yes, SHSND will contact)

Please use reverse for additional biographical information.

NORTH DAKOTA VETERANS HISTORY PROJECT

Interviewer Name _____ Organization _____