

Abraham Lincoln Presidential Library 'War on Terrorism' Biographical Data

PLEASE PRINT CLEARLY

Military / Civilian _____
First MI Last

Address _____

City _____ State _____ ZIP _____

Telephone (_____) - _____ Email _____

Work Title _____ Work Phone (_____) _____

Work Address _____

City _____ State _____ ZIP _____

Place of Birth _____ Birth Date _____
mm / dd / yyyy

Race/Ethnicity (*optional*) _____ Male Female

Branch of Service or Wartime Activity _____

Unit _____ Duty Position _____

Mob Date _____ Deployment date _____ Redeployment

Mob/Demob Station _____

Employment at time of Mobilization

Did you combat or service-related injuries? Yes No Members of your unit? Yes No

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

--

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 kit.)

Interviewer _____

Abraham Lincoln Presidential Library Oral History Program

Please use reverse for additional biographical information.
Rev. June 2003 Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Additional Information: