Abraham Lincoln Presidential Library
'Veterans Remember' Biographical Data

PLEASE PRINT CLEARLY

Veteran ❑ Civilian ❑ _____
first middle last maiden

Address _____

City _____ State _____ ZIP _____

Telephone (_____) - _____ Email _____

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

Race/Ethnicity *(optional)* _____ ❑ Male Female ❑

Branch of Service or Wartime Activity _____

Battalion, Regiment, Division, Unit, Ship, etc. _____

Highest Rank _____ Prisoner-of-war? Yes ❑ No ❑

Enlisted ❑ Drafted ❑: Service dates _____ 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 ❑

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.

Does the veteran or civilian have field maps Yes ❑ No ❑

Wartime–related home movies that he or she would like to share with the Library of Congress?

Yes ❑ No ❑ (If yes, we will contact you shortly.)

Interviewer _____

Abraham Lincoln Presidential Library Oral History Program

Please use reverse for additional biographical information.

Additional Information: