

FORM AVMM-1 -- Biographical Data

ALASKA VETERANS MEMORIAL MUSEUM VETERANS HISTORY PROJECT

Reference: _____ Date: _____ Page 1 of 2

Everyone who participates in the Alaska Veterans History Project must fill out this form to insure interviewees and their recorders can be given proper credit and honor for their service and participation in any national registry with which the Museum cooperates. All information is voluntary, but we appreciate it if you can provide complete information.

THANK YOU for your service for America—You will not be forgotten!!!!!!!!!!

PRIMARY INFORMATION

{PLEASE PRINT CLEARLY}

Veteran Civilian Name: _____
First Middle last Maiden

Address: _____

city _____ state _____ zip _____ - _____

telephone (____) _____ email _____

Male Female Race/ethnicity (optional) _____

Birth Date: _____ Birth Place: _____

Entered Service on _____ age ____ at _____

Enlisted Drafted Left Service on _____ at _____

Highest Rank _____ Serial Number (optional) _____

War(s) in Which Individual Served _____

Service Branch/Activity _____

Battalion, Regiment, Division, etc. _____

List Locations of Service (years, base/camp/ship, unit, assignment):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did the Veteran sustain combat injuries? Yes No describe: _____

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

List Medals or Special Service Awards Received:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are photographs included with interview? No Yes (if yes, complete recording log)

Does the veteran have any wartime home movies to donate or loan to the Museum?

No Yes Donate Yes Loan (if yes, complete recording log)

Does the veteran have maps, charts, uniforms, equipment, artifacts, etc. to donate or loan to the Museum? No Yes Donate Yes Loan (if yes, provide list. Museum will contact veteran directly)

FORM AVMM-1 -- Biographical Data (cont.)

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The memories you are willing to share with us are the most important part of this project. They will help bring history to life for future generations of your family and student, scholars, and members of the public that will use the Museum facilities in the Future.

SUPPLEMENTAL INFORMATION *{Please print clearly}*

School/City: Elementary _____
Junior/Middle _____
High _____
College/Degree _____
Post Graduate/Degree _____

Basic Training: where? Any anecdotes on food, barracks, "fun times", community, training, etc.

Why did you select this branch of service?

Service Experiences? (any stories, anecdotes?)

GI Bill? _____

Spouse, Children, Family? _____

Parents, Siblings? _____

Activities Since the Service: (years, paid work, volunteer activity, etc.)

Please use any additional sheets of paper necessary to relate your service experiences. **THANK YOU for your service to America. You will not be Forgotten!!!!!!**