

Veterans Service Record

Veterans full name: _____
(Last) (First) (Middle)

Birth Date: _____ Birthplace: _____

Branch of service: _____ Service number: _____

Date entered active duty: _____ Place of entry: _____

Discharge recorded at: _____
(City) (County) (State)

Spouse's maiden name: _____
(Last) (First) (Middle)

Date and place of marriage: _____

Children (names, dates, and place of births):

Parents: _____
(Last) (First) (Mother-Maiden Name) (Town)

Citations, Decorations, Medals, Ribbons: _____

Area of Campaigns and Battles: _____

Organization (Btn-Co-Inf-Reg-Div): _____

Military Service Comments (basic training, schools, ships, places, anything of interest):

