



## Veteran Background Information Form

(Please print clearly)

Name \_\_\_\_\_

First Middle Last (Maiden name)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Place of birth \_\_\_\_\_ Birth date \_\_\_\_\_

month/day/year

Male \_\_\_\_\_ Female \_\_\_\_\_ Race/Ethnicity (optional) \_\_\_\_\_

Branch of service or wartime activity \_\_\_\_\_

Battalion, regiment, division, etc. \_\_\_\_\_

Highest rank \_\_\_\_\_

Date of enlistment/service \_\_\_\_\_

War(s) in which you served \_\_\_\_\_

Locations of military or civilian service \_\_\_\_\_

Did you sustain combat or service-related injuries? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
please provide details of your injuries. \_\_\_\_\_

\_\_\_\_\_

Were you a prisoner of war? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details of  
your imprisonment. \_\_\_\_\_

\_\_\_\_\_

Medals or special service awards? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide  
details of your awards. \_\_\_\_\_

\_\_\_\_\_