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: