

Military Review of Daviess County, Indiana,

Application Form

Name: _____ Highest Rank: _____

Veteran's Parents: (father) _____

(mother with maiden name) _____

Community/State of Residence at Time of Enlistment: _____

Branch of Service: _____ (ex: Navy, National Guard)

Dates of Service: _____ to _____

Units) served in: _____ (ex: Division, Ship, Reg)

Wars) in which individual served: _____ (ex: Civil War, WWII)

Theater or Location served: _____ (ex: Africa, Pacific, States)

Killed in Action? Yes _____ No _____ OR Died in Service? Yes _____ No _____

Is Veteran Alive At This Time? Yes _ " _ No __ If not, Date of Death: _____

Special Commendations\Medals:

Major Campaigns, Operations or Battles participated in:

Contact information for person submitting information: (please include phone number)

Phone: _____