Biographical Data Form

Send completed form to:
County of Bergen
Division of Veterans Services
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601-7076

To ensure inclusion in our "*Veterans Voices: The Stories of Bergen County's Veterans*," this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war. Include a copy of your DD-214 or Separation Paper, if available.

PLEASE PRINT CLEARLY

1.Veteran _____
First Middle Last Maiden name

2.Address _____

3.City _____ State _____ Zip _____ - _____

4.Telephone ( ) - _____ E-mail _____

5.Place of Birth _____ Birth Date _____
month/day/year

6.Race/Ethnicity (Optional) _____ Male θ Female θ

7.Branch of Service _____

8.Battalion, Regiment, Division, Unit, Ship, etc. _____

9.Highest Rank _____

10.Enlisted θ Drafted θ Service dates _____ to _____

11.Locations of military service _____

_____

12.Was the veteran a prisoner-of-war? Yes θ No θ

13.Did the veteran sustain combat or service-related injuries? Yes θ No θ

14.Please list medals or special service awards. (Be as specific as possible):

15.Are photographs available? Yes θ No θ (Do not send any at this time)

16.Are manuscripts or maps available? Yes θ No θ (Do not send any at this time)

17.Please write your short story here. Use reverse side and/or additional pages if needed.