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WWII VETERAN'S QUESTIONNAIRE

Please fill out and submit this form electronically or mail it to:

Institute on World War II and the Human Experience
Department of History
Florida State University
Tallahassee, FL 32306-2200

Veteran's Full Name:

Date of birth:

Place of birth:

Drafted or volunteered:

Serial #:

Branch of service:

Date of induction:

Place of induction:

Location(s) of training:

Details of training:

Location of U.S. assignments (training or permanent stations):

Outfit or unit(s):

What theater(s):

Dates & locations of overseas stations:

Battlefield promotions:

Wounded (please detail):

POW (please detail):

Where you or your unit involved in any unusual operations (please detail):

Notable contact with enemy military or civilians (please detail):

Personal medals and honors (please detail):

Unit commendations (please detail):

Rank at end of World War II:

Date of discharge:

Rank at discharge:

Any other noteworthy occurrences (please detail):