

Veteran's Information Form

Name: _____ Council Number: _____

Email: _____ Phone: _____

Branch of Service: Army Date form completed: _____
 Air Force
 Navy
 Marines
 Coast Guard

Rank achieved: _____

Start/finish dates of service Active duty: _____ to _____
Reserve duty: _____ to _____

Wars or Campaigns served in: _____

Stations/bases/ships served at/on: _____, _____, _____,
_____, _____, _____, _____, _____

Medals/awards received: _____, _____, _____, _____,
_____, _____, _____, _____

Fondest/worst memories or any other information you are willing to share:

