

Brockway Area Historical Society

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Veterans Database Information Sheet

PLEASE PRINT

Name _____

First

Middle Initial

Last

Branch of Service _____

Rank _____

Years Served _____ - _____

Conflict Served/Peacetime _____

Burial (Cemetery & City) if deceased.

Other information

Submitted by

Name _____

Address _____

Phone _____ Email _____

Date _____ Signature _____

Attach and send any photos (limit 2 per Veteran), documents, newspaper clippings, etc.)