**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 CommendationslMedals:

Major Campaigns, Operations or Battles participated in:

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

Phone: \_

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