**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: \_

, .