

**LOWER MACUNGIE TOWNSHIP AREA VETERANS RECOGNITION PROJECT
BIOGRAPHICAL INFORMATION**

CONTRIBUTOR OF INFORMATION *This is for contact purposes only, and will not be used in the book we are compiling about veterans and their military service. The book will be available for view at the Lower Macungie Historical Society and at the Lower Macungie Township Library.*

Full Name: _____ (please print)

Address: _____

Phone: _____ E-mail Address: _____

VETERAN'S INFORMATION

Full Name: _____

Date of Birth: _____ Date of Death (if applicable): _____

Place born: _____ Place Died: (if applicable): _____

Place of Burial (if applicable): _____

Place/Date Entered Service: _____ Place/Date Left Service: _____

Did you enlist or were you drafted? _____

Place lived in at time of entering Service. Please provide municipality (and village if appropriate) – **not postal address** _____

Branch of Military Service: _____ Rank / Rate _____

Military Occupational Specialty / Rating: _____

Military Units Served in	Location	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Assignment / Duties Performed at each Unit

1. _____
2. _____
3. _____
4. _____

Battles / Campaigns / Major Deployments / Ships Served on	Dates
_____	_____
_____	_____
_____	_____

Personal Decorations/Medals / Awards: _____

Place Settled in After Service: _____

Other Places Lived in (municipality and state)	Dates
_____	_____
_____	_____
_____	_____

Names of schools attended	Grade School: _____	Years: _____
	High School: _____	Years: _____
	College _____	Years: _____
	Degree(s) Earned: _____	Years: _____

Employment: (before & after service):

Company Name	City/Town & State	Job Performed	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Name (full name if known): _____

Father's Birth Date: _____ Father's Death Date: _____

Mother's Maiden Name (full name if known): _____

Mother's Birth Date: _____ Mother's Death Date: _____

Spouse's Full Maiden Name: _____

Spouse's Birth Date: _____ Spouse's Death Date: _____

Place and Date of Marriage: _____

Names of Children: _____

Please Attach Copies of as many as possible of the Following Documents (they will be returned):

Discharge Certificate ___ Separation Paper ___ **(THESE ARE THE MOST HELPFUL DOCUMENTS!)**

Training record ___ Awards ___ Obituary ___ Newspaper Article/s ___

Photograph/s (at least one is essential) ___ Other (Please specify) _____

All materials you provide for this survey will be returned to the address on the first page.

Family Members who served in the Armed Forces:

Name	Relationship	War (if applicable)	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach additional sheets for any other information you wish to include, for example, **organizations active in**; hobbies; musical instruments played, etc.

Please sign your name here if you will allow your biographical sketch to be placed on our website, www.lmths.org _____

Send completed form to Lower Macungie Township Historical Society, P.O. Box 3722, Wescosville PA 18106, or to Craig Bartholomew, 2841 Mill Race Road, Emmaus PA 18049.

Call Craig at 610-967-3653 if you need more information. Visit www.lmths.org to see some completed biographical sketches of veterans.