

NEW YORK STATE
VETERAN ORAL HISTORY PROGRAM
SELF INTERVIEW PACKET
COMPILED BY MICHAEL RUSSERT

NEW YORK STATE MILITARY MUSEUM
AND VETERANS RESEARCH CENTER

NEW YORK STATE DIVISION OF
MILITARY AND NAVAL AFFAIRS

New York State
Individual Record of Officers and Enlisted Personnel

PLEASE USE SEPARATE SHEET(s) IF NECESSARY

PART I - BASIC INFORMATION

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Nearest City: _____

Phone (Day): _____ Phone (Evening): _____

E-mail: _____

PART II - SERVICE HISTORY

Branch of Service: _____ Date entered: _____

Place entered Service: _____ Date discharged: _____

Service in (check all applicable): Active National Guard

Reserve Highest rank held: _____

Unit/Ship(s) assigned to: _____

What wars, theaters, campaigns, or locations were you in? _____

What were your general duties, skills or rating? _____

Did you have combat service? When were you first under fire? What were your feelings in combat?

Did you receive any injuries, wounds, or illness? Were you captured?

What was daily life like; did your equipment work well; how was it compared to the enemies?

What was your unit/ship like; how were your officers? _____

Did you receive any decorations, medals or commendations? _____

What was the most interesting or inspiring thing you experienced during your service?

What person(s) do you remember best from your service and why?

What experience(s) left the greatest impressions on you? _____

Did you perform any unusual service or duties? _____

PART III – CIVILIAN HISTORY

Date of Birth: _____ Place of Birth: _____

Education Prior to Service: _____

Education During and After Service: _____

Employment Prior to Service: _____

Employment After Service: _____

PART IV – OTHER INFORMATION:

PHOTOGRAPH(S): Please enclose a clear photograph(s) of yourself, preferably in uniform, if available. **Photos will not be returned and may be used in a museum exhibit or publication and they will be available to researchers.**

ARTIFACTS: Do you have any photographs, letters, documents, equipment or souvenirs from your service that you would like to donate to the **New York State Military Museum and Veterans Research Center?**

_____ YES _____ NO

ORAL HISTORY: Would you be willing to do an interview on video or audiotape for the **New York State Veteran Oral History Program?**

_____ YES _____ NO

Please attach additional sheet(s) if necessary.

If you have any questions, please call: 518-583-0184 extension 10

When completed, mail to:

**NEW YORK MILITARY MUSEUM & VETERANS RESEARCH CENTER
ATTN: MNGA-MH
61 LAKE AVENUE
SARATOGA SPRINGS, NY 12866-2315**

POST INTERVIEW FORM FOR VETERANS

Name of Interviewee _____

Branch of Service/Unit _____

Dates of Service _____

Place of Service _____

Date and Place of Interview _____

Interviewer _____

Number of Tapes _____

(Interview Notes and Summary and Observations Attached.)

NEW YORK STATE CIVILIAN INTERVIEW RECORD

I. BACKGROUND:

1. Name: _____
2. Where and when born? _____
3. Family background:
 - A. Parents names, date and place of birth, date and place of death:
Father _____
Mother _____
 - B. Siblings' names, date and place of birth, military back ground :

4. Educational background:

5. Marital status:
 - A. Name: _____
 - B. When and where married: _____
 - C. When and where met: _____
6. Children, date and place of birth:

7. Occupation(s):

II. WARTIME WORK:

1. Where did you live during the war years: _____

2. What were you doing when you heard about Pearl Harbor? _____

3. What was your reaction? _____

4. What was your main wartime work? What were your specific duties?

5. How long were you employed in this occupation? _____

6. Why did you do this work? _____

7. What kind of training were you given? How long? _____

8. What did you like / dislike about your work? _____

III. Life During the War

1. How did you feel about the war? Why? _____

2. What ways did the war change your activities / habits? _____

3. What did you do for entertainment? _____

4. How did you cope with shortages / rationing? _____

5. What was your most memorable experience? Why?

6. What was your most humorous event? Why?

IV. Post War Experiences:

1. How did you learn about the end of the war?

A. V-E Day

B. V-J Day

C. How did you feel when you heard the news?

2. Describe how the war changed your life:

3. Any additional information you would like to include: _____

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4/11/02