



Dutchess County
Historical Society

Veteran Basic Profile Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (optional): _____ Email: (optional): _____

Branch of Service: _____

Date & Place Entered: _____ Date of Discharge: _____

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 receive any decoration, medals, or commendations?

Anything else you would like us to know as profile background?

DUTCHESS COUNTY HISTORICAL SOCIETY
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