



**Dutchess County
Historical Society**

VETERAN INFORMATION PROFILE FORM

Name: _____

Street Address: _____
(including Apt.)

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Service History

Branch of Service: _____ Date entered: _____

Place entered Service: _____ Date discharged: _____

Service in (circle all applicable): Active: National Guard. Reserve.

Highest rank held: _____

Unit/ship(s) assigned: _____

Questions

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 is the funniest or most inspiring thing you experienced during your service?

What person(s) will 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?

Civilian Life

Date of Birth: _____ Place of Birth: _____

Education Prior to Service: _____

Education During and After Service: _____

Employment Prior to Service: _____

Employment After Service: _____

DCHS
PO Box 88
Poughkeepsie, NY 12602
845-471-1630
contact@dchsny.org
www.dchsny.org

*Original form and set of questions made available by
the New York Military Museum & Veterans Research Center.*