

RICHMOND HEIGHTS MEMORIAL LIBRARY  
LOCAL VETERANS ARCHIVE REGISTRATION FORM

**(For veteran offering personal information: Please fill in all known information.)**

*Please type or print clearly (Let us know if you would like help completing this form.*

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_

(If the above address is not a Richmond Heights address, where did you live at the time of your active military service?) \_\_\_\_\_

**General Category** (check all that apply):

World War I Veteran \_\_\_\_\_

World War II Veteran \_\_\_\_\_

Korean War Veteran \_\_\_\_\_

Vietnam War Veteran \_\_\_\_\_

Gulf War Veteran \_\_\_\_\_

Second Gulf War (Iraq War) Veteran \_\_\_\_\_

War in Afghanistan \_\_\_\_\_

Other (active duty during American police actions in Grenada, Panama, et cetera) \_\_\_\_\_

Branch of Service \_\_\_\_\_

Number of Years in Service \_\_\_\_\_

Dates of Service \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Where did you do your basic training? \_\_\_\_\_

Where were you stationed overseas? (Navy personnel and others stationed aboard ship or other vessels, please indicate) \_\_\_\_\_

Please name major battles of campaigns in which you participated:

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Any special medals, citations or commendations? \_\_\_\_\_

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