MAYVILLE AREA MUSEUM OF HISTORY & GENEALOGY
VETERAN INFORMATION SHEET
(FREMONT, DAYTON, WATERTOWN & RICH TOWNSHIPS)

Name_____

Address_____

City_____State____Zip_____

Phone (___)_____

E-mail Address_____

Hometown_____

Date of Birth_____

Date of Death_____
(If Applicable)

Induction Date_____

Date of Separation_____

Branch of Service_____

Theater of Service_____

Regiment or Ship_____

Awards or Commendations_____

_____

Please tell us about yourself— before, during, and after the service. Use the reverse of this sheet and additional sheets, as necessary.

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RETURN TO:

MAYVILLE AREA MUSEUM OF HISTORY & GENEALOGY
P.O. BOX 242
MAYVILLE, MICHIGAN 48744

PLEASE INCLUDE PICTURES PAST & CURRENT IF POSSIBLE.
They will be gladly returned upon request