



SIERRA MADRE VETERAN MILITARY SERVICE RECORD

This information is desired as a permanent record of your military service. It will be filed in the Sierra Madre Library database. Kindly type or print your answers clearly.

Family Name First Name Middle Name Serial Number

Date of Birth

Son or Daughter of: Father: _____

Address: _____

Mother: _____

Address: _____

Branch of Service: Date of Entry: _____ Date of Discharge: _____
(Check all that apply): *Indicate entry date rank etc. at "remarks."*

- | | | | | |
|------------------------------------|--|--|--------------------------------------|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Merchant Marine | <input type="checkbox"/> Army Air Corps. | <input type="checkbox"/> Other | |

Military Organizations or Ship(s): Era of Service Theater of Operation

- | | |
|---|--|
| <input type="checkbox"/> Spanish American War | <input type="checkbox"/> Asiatic-Pacific |
| <input type="checkbox"/> World War I | <input type="checkbox"/> China-Burma-India |
| <input type="checkbox"/> World War II | <input type="checkbox"/> European |
| <input type="checkbox"/> Korean Conflict | <input type="checkbox"/> Korea |
| <input type="checkbox"/> Grenada Campaign | <input type="checkbox"/> Grenada |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Panama |
| <input type="checkbox"/> Panama Campaign | <input type="checkbox"/> Persian Gulf |
| <input type="checkbox"/> Persian Gulf War | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> Afghanistan |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other _____ |

Citations Eamed:

Engagements:

Specific Countries of Service: _____

Wounded in Service: (Date & Campaign): _____

Prisoner of War (Date, Prisons, Date of Release): _____

Death (Date, Place, Circumstances): _____

Rank at Discharge: _____

Remarks: _____

(If more space is required, please use reverse side of this sheet)