

# New York State Individual Record Of Officers And Enlisted Personnel

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***PLEASE USE SEPARATE SHEET(s) IF NECESSARY***

## **PART I – BASIC INFORMATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Nearest City: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

E-mail: \_\_\_\_\_

## **PART II – SERVICE HISTORY**

Branch of Service: \_\_\_\_\_ Date entered: \_\_\_\_\_

Place entered Service: \_\_\_\_\_ Date discharged: \_\_\_\_\_

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? \_\_\_\_\_

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Did you have combat service? When were you first under fire? What were your feelings in combat?

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Did you receive any injuries, wounds, or illness? Were you captured?

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What was daily life like; did your equipment work well; how was it compared to the enemies?

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What was your unit/ship like; how were your officers? \_\_\_\_\_

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Did you receive any decorations, medals or commendations? \_\_\_\_\_

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

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What person(s) will you remember best from your service and why?

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What experience(s) left the greatest impressions on you? \_\_\_\_\_

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Did you perform any unusual service or duties? \_\_\_\_\_

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**PART III – CIVILIAN HISTORY**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Education Prior to Service: \_\_\_\_\_

Education During and After Service: \_\_\_\_\_

Employment Prior to Service: \_\_\_\_\_

Employment After Service: \_\_\_\_\_

**PART IV – OTHER INFORMATION:**

**PHOTOGRAPH(S):** Please enclose a clear photograph(s) of yourself, preferably in uniform, if available. **Photos will not be returned and may be used in a museum exhibit or publication and they will be available to researchers.**

**ARTIFACTS:** Do you have any photographs, letters, documents, equipment or souvenirs from your service that you would like to donate to the **New York State Military Museum and Veterans Research Center**?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**ORAL HISTORY:** Would you be willing to do an interview on video or audiotape for the **New York State Veteran Oral History Program**?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Please attach additional sheet(s) if necessary.

**If you have any questions, please call: 518-581-5116 or 518-581-5100**

*When completed, mail to:*

**NEW YORK MILITARY MUSEUM & VETERANS RESEARCH CENTER  
ATTN: MNGA-MH  
61 LAKE AVENUE  
SARATOGA SPRINGS, NY 12866-2315**