Town of New Haven
Veterans Information

Name: _____
First Middle Last

Born: _____
Date Place

Graduated: _____
Date School

Parents: _____

Spouse: _____

Dates of Service: _____ **Branch of Service:** _____

Rank: _____ **Battalion:** _____

War: _____ **Service Area:** _____

Medals & Awards: _____

Battles Fought in: _____

Death (If Applicable): _____
Date Place Burial

_____
Signature of Veteran or Family Member

_____ Photo Enclosed: _____
Address

_____ DD-214 Enclosed: _____
Phone Number

Please include a brief account of your experiences while in the service on back of form or on a separate sheet of paper.

Return form to: New Haven History Center
PO Box 141
New Haven, NY 13121