

MILITARY REGISTRY

WAR: _____

OTHER SERVICE : _____

NAME OF PARTICIPANT: _____

COUNTY FROM WHICH SERVED (Check One):

- Allegan Berrien Cass Kalamazoo Van Buren
 Other _____

COUNTRY FOR WHICH SERVICE WAS PERFORMED: _____

BRANCH OF SERVICE : _____ LENGTH OF SERVICE: _____

DESCRIPTION OF SERVICE: _____

EVIDENCE OF SERVICE: _____

(Attach copies)

Pension: (check one) Yes No Rejected Unknown

PERSONAL HISTORY

Birthdate & Place: _____
(Date) (City) (County) (State/Country)

Deathdate & Place: _____
(Date) (City) (County) (State/Country)

Burial: _____
(Cemetery) (City) (County) (State/Country)

Does grave have a marker? Yes No

Parents: _____

Siblings: _____

