

Van Buren County in WWII

NAME: _____

BRANCH OF SERVICE : _____ LENGTH OF SERVICE: _____

DESCRIPTION OF SERVICE (attach additional if needed): _____

EVIDENCE OF SERVICE: _____

Birthdate & Place: _____

(Date) (City) (County) (State/Country)

Deathdate & Place: _____

(Date) (City) (County) (State/Country)

Burial: _____

(Cemetery) (City) (County) (State/Country)

Parents: _____

Spouse(s): _____

Children: _____

Community(ies) of residence: _____

Military-Related Memberships (such as VFW or American Legion): _____

Medals or Commendations: _____

Photo Included: Yes ____ No ____

Submitted by: _____

Address, E-mail, or Telephone #: _____

Relationship to serviceman/woman: _____

Mail form & attachments to: VBRGS, P.O. Box 143, Decatur, MI 49045