

**LOWER MACUNGIE TOWNSHIP AREA VETERANS RECOGNITION PROJECT  
BIOGRAPHICAL INFORMATION**

CONTRIBUTOR OF INFORMATION *This is for contact purposes only, and will not be used in the book we are compiling about veterans and their military service. The book will be available for view at the Lower Macungie Historical Society and at the Lower Macungie Township Library.*

Full Name: \_\_\_\_\_ (please print)

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

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**VETERAN'S INFORMATION**

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

Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

Place born: \_\_\_\_\_ Place Died (if applicable): \_\_\_\_\_

Place of Burial (if applicable): \_\_\_\_\_

Place/Date Entered Service: \_\_\_\_\_ Place/Date Left Service: \_\_\_\_\_

Did you enlist or were you drafted? \_\_\_\_\_

Place lived in at time of entering Service. Please provide municipality (and village if appropriate) – **not postal address** \_\_\_\_\_

Branch of Military Service: \_\_\_\_\_ Rank / Rate \_\_\_\_\_

Military Occupational Specialty / Rating: \_\_\_\_\_

Military Units Served in	Location	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Assignment / Duties Performed at each Unit

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Battles / Campaigns / Major Deployments / Ships Served on	Dates
_____	_____
_____	_____
_____	_____

Personal Decorations/Medals / Awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place Settled in After Service: \_\_\_\_\_

Other Places Lived in (municipality and state)	Dates
_____	_____
_____	_____
_____	_____

Names of schools attended	Grade School:	Years:
	_____	_____
	High School:	Years: _____
	College	Years: _____
	Degree(s) Earned:	Years: _____

Employment: (before & after service):

Company Name	City/Town & State	Job Performed	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Name (full name if known): \_\_\_\_\_

Father's Birth Date: \_\_\_\_\_ Father's Death Date: \_\_\_\_\_

Mother's Maiden Name (full name if known): \_\_\_\_\_

Mother's Birth Date: \_\_\_\_\_ Mother's Death Date: \_\_\_\_\_

Spouse's Full Maiden Name: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ Spouse's Death Date: \_\_\_\_\_

Place and Date of Marriage: \_\_\_\_\_

Names of Children: \_\_\_\_\_

Please Attach Copies of as many as possible of the Following Documents (they will be returned):

Discharge Certificate \_\_\_ Separation Paper \_\_\_ **(THESE ARE THE MOST HELPFUL DOCUMENTS!)**

Training record \_\_\_ Awards \_\_\_ Obituary \_\_\_ Newspaper Article/s \_\_\_

**Photograph/s (at least one is essential)** \_\_\_ Other (Please specify) \_\_\_\_\_

**All materials you provide for this survey will be returned to the address on the first page.**

Family Members who served in the Armed Forces:

Name	Relationship	War (if applicable)	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach additional sheets for any other information you wish to include, for example, **organizations active in**; hobbies; musical instruments played, etc.

*Please sign your name here if you will allow your biographical sketch to be placed on our website, [www.lmthistory.org](http://www.lmthistory.org)* \_\_\_\_\_

Send completed form to Lower Macungie Township Historical Society, P.O. Box 3722, Wescosville PA 18106, or to Craig Bartholomew, 2841 Mill Race Road, Emmaus PA 18049.

Call Craig at 610-967-3653 if you need more information. Visit [www.lmthistory.org](http://www.lmthistory.org) to see some completed biographical sketches of veterans.