

Biographical Data Form (Required)

To ensure inclusion in the Veterans History Project, this form must accompany each submission. Please use reverse or additional sheet if service was in more than one war or conflict.

Please Print Clearly

Veteran's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

Place of Birth: _____ Birth Date: _____ Death Date: _____
(month/day/year) (month/day/year)

Next of Kin: Name and Address: _____

Race/Ethnicity (optional): _____ Male Female

Though you are not required to do so, providing this information will help researchers and ensure our collections accurately reflect the diversity of all who served.

Branch of Service or Wartime Activity: _____

Commissioned Enlisted Drafted Service dates: _____ to _____

Highest Rank: _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.): _____

War, operation or conflict: _____

Locations of military service: _____

Battles/campaigns (Names): _____

Medals or service awards (Please list as specifically as possible.): _____

Special duties/highlights/achievements: _____

Was the veteran a prisoner of war? Yes No

Did the veteran sustain combat or service-related injuries? Yes No

Interviewer (if applicable): _____

(Please use reverse for any additional biographical information.)

Biographical Data Form (Please print, complete and submit with the collection)

Additional Service History Information (if necessary)

Branch of Service or Wartime Activity: _____

Commissioned Enlisted Drafted Service dates: _____ to _____

Highest Rank: _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.): _____

War, operation or conflict: _____

Locations of military service: _____

Battles/campaigns (Names): _____

Medals or service awards (Please list as specifically as possible.): _____

Special duties/highlights/achievements: _____

Was the veteran a prisoner of war? Yes No

Did the veteran sustain combat or service-related injuries? Yes No

Additional Biographical Information: _____

Veteran's Release Form (Required)

(See reverse for Interviewer's Release Form)

To be Completed by Veteran (In cases of deceased veterans, to be completed by the donor of the material.)

I, _____, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections.

Accepted and Agreed

Signature: _____

Date (month/day/year): _____

Printed Name: _____

Veteran's Address: _____

Veteran's Next of Kin: Name & Address: _____

Name of Interviewer (if applicable): _____

Relationship to Interviewer: _____

Library of Congress American Folklife Center VETERANS HISTORY PROJECT

Veteran's Release Form (Please print, complete and submit with the collection)