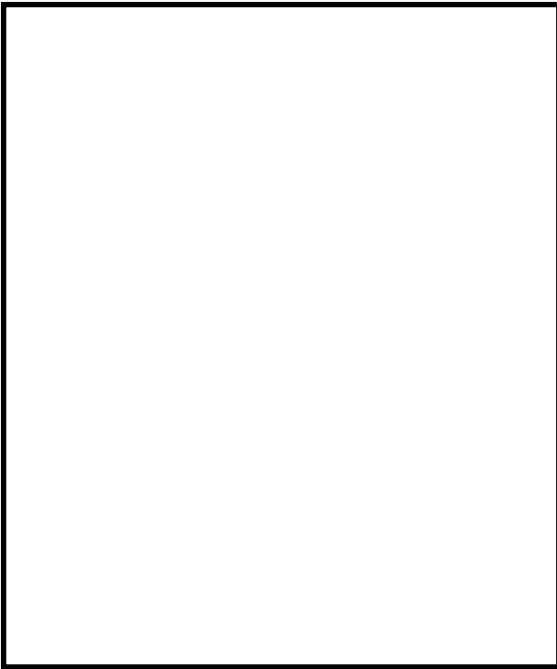


Military Record Form



Name:

Birthdate:

Military Branch:

Rank:

Height:

Hair color:

Eye color:

Description:

Enlistment date:

Enlistment place:

Discharge date:

Discharge place:

Unit Name:

War or Conflict:

Notable Battles:

Commendation (s):

Injuries During Service:

Notes:

Enlistment Record

Draft Record

Muster Roll

Disciplinary Record

Pension File

Casualty Record

Service Record

Other: _____