

ASHLAND COUNTY HISTORICAL SOCIETY  
Veterans Historical Record

(Please note: This information may be submitted by the veteran or by family members, relatives, or descendants of the veteran. Please complete as much of the form as you can.)

Veterans Name \_\_\_\_\_ Date \_\_\_\_\_  
First Name Middle Name Last Name

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number of years an Ashland County resident \_\_\_\_\_

Date of entry into the Service \_\_\_\_\_ Service ID # \_\_\_\_\_

Branch of Service \_\_\_\_\_

Date of discharge or release from active duty \_\_\_\_\_

Rank held at discharge or release from active duty \_\_\_\_\_

Where did you receive your basic training? \_\_\_\_\_

Where did you receive advanced, special, or additional training? \_\_\_\_\_

\_\_\_\_\_

Did you serve outside the continental United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where did you serve? \_\_\_\_\_

\_\_\_\_\_

Type or nature of your duties \_\_\_\_\_

Division, brigade, wing, squadron, ship, or other unit or units in which you served \_\_\_\_\_

\_\_\_\_\_

Campaign, battles, or engagements in which you participated \_\_\_\_\_

\_\_\_\_\_

Please list decorations, commendations, service medals, battle stars, or any other awards you received \_\_\_\_\_

\_\_\_\_\_

Please tell about your experiences or your most memorable events during your military service.

YOUR STORY IS IMPORTANT! \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE USE ADDITIONAL PAGES IF NECESSARY.

Were you a prisoner of war? Yes \_\_\_\_\_ No \_\_\_\_\_ Imprisoned by \_\_\_\_\_

If yes, where were you imprisoned? \_\_\_\_\_

How long were you a prisoner? \_\_\_\_\_

Would you be willing to participate in a video recorded interview regarding your military experiences? This video tape would be preserved at the Ashland County Historical Society Museum and would be available for public historical research. Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any memorabilia, records, or other materials regarding your military service that you wish to donate to the Ashland County Historical Society? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any memorabilia such as diaries, flight logs, photographs, or other copyable items which we may reproduce or copy to provide historical research material at the Ashland County Historical Museum? Yes \_\_\_\_\_ No \_\_\_\_\_

IF POSSIBLE, PLEASE PROVIDE A PHOTOGRAPH OF THE SUBJECT VETERAN, IN UNIFORM.

Please note: If this information is being submitted for a deceased veteran, please list date of death \_\_\_\_\_

\_\_\_\_\_ location where death occurred \_\_\_\_\_

\_\_\_\_\_ and place of burial \_\_\_\_\_

### RELEASE

I hereby give permission to the Ashland County Historical Society to use the information provided on both sides of this document as well as any pages, photocopies, documents, photographs, drawings, likenesses, or other data appended to or accompanying it for use for public historical research.

Signature of Veteran \_\_\_\_\_ Date \_\_\_\_\_

Note: If veteran is deceased, person providing the information should indicate APPROVAL for above RELEASE by signing below:

Name \_\_\_\_\_ Relation to Veteran \_\_\_\_\_

Date Signed \_\_\_\_\_

Please return this form to:

Ashland County Historical Society  
420 Center Street  
Ashland, Ohio 44805  
Phone 419.289.3111