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! _____________________________

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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