

Personal Information Sheet

Name: _____ Dist#: _____ Post#: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Phone#: (_____) _____ Work#: (_____) _____
SS#: _____ Fax #: (_____) _____
E-mail Address: _____

VFW HISTORY

PRESENT, Post, County Council, District, State, and/or National Offices you NOW hold:

PAST, Post, County Council District, State and/or National Offices you HAVE held:

VFW AWARDS you have received at ALL LEVELS, including Date & Name of Award:

Year Joined VFW: _____ Post #, City-State Joined: _____

MILITARY RECORD

Branch of Service: _____ From: _____ To: _____

Foreign Service WITH: _____

Foreign Service WHERE: _____

Foreign Service: _____ From: _____ To: _____ Months: _____

Highest Military Rank Attained: _____

Decorations & Medals Received: _____

NON-MILITARY INFORMATION

Date of Birth: _____ Place: _____

Wife's Name: _____ Aux. Mbr? Aux#: _____ How Long: _____

Aux. Offices Wife held: _____

Wife's Date of Birth (year NOT necessary): _____

Children's Names & Ages: _____

Your Occupation: _____

Your Hobbies: _____

Name and Location of Local Newspaper: _____

SIZES: Cap: _____ Shirt: _____ Shoe: _____ Jacket: _____ Pants: _____

Drink Preference: Liquor: _____ Beer: _____ Other: _____