Van Buren County in WWII

NAME:
BRANCH OF SERVICE : LENGTH OF SERVICE:
DESCRIPTION OF SERVICE (attach additional if needed):
EVIDENCE OF SERVICE:
Birthdate & Place: (Date) (City) (County) (State/Country)
Deathdate & Place: (City) (County) (State/Country) Deathdate & Place: (City) (County) (State/Country)
Burial: (Cemetery) (City) (County) (State/Country)
Parents:
Spouse(s):
Children:
Community(ies) of residence:
Military-Related Memberships (such as VFW or American Legion):
Medals or Commendations:
Photo Included: Yes No
Submitted by:
Address, E-mail, or Telephone #:
Relationship to serviceman/woman:
Mail form & attachments to: VBRGS, P.O. Box 143, Decatur, MI 49045