



Woodstock Museum NHS

Request for Veteran's Information Form

Military Service Information

466 Dundas Street
Woodstock, Ontario
N4S 1C4
Telephone: (519) 537 8411
Facsimile: (519) 537-7235
Email:
museum@city.woodstock.on.ca

Veterans Name: _____

*Please write in at the top of each column, in chronological order, which Military Service apply to the Veteran.
(General Service, WWI, WWII, Korea, etc...) Then fill out the information below

Service Number:			
Enlistment/Conscripted:			
Enlistment Date:			
Enlistment Address:			
City at Enlistment:			
Place of Enlistment:			
Age at Enlistment:			
Enlist. Date Occupation:			
Enlist. Date Marital Status:			
Next of Kin:			
Force(s) served in:			
Regiment(s), Battalion(s), Squadron(s), Group(s), Ship(s), etc... served in:			
Rank(s):			
Countries Served in:			
Battle(s):			
Prisoner of War:			
Wounded:			
Survived War:			
Date of Death:			
Cause of Death:			
Age at Death:			
Burial:			
Commemorated:			

Awards and Decorations: _____

*****This form is has two sides*****

