

Town of Colonie Veterans Project - Service Data Form

Part I - Basic Information

Veteran's Name: (Please print)		
Last	First	Middle
Applicant's Name: (Only if different than Veteran's Name)		
Last	First	Middle
Veteran's Address: (One address must be in the Town of Colonie)		Applicant's Telephone No.:
Current Address	Address at Time of Service	
		Is the Veteran:
		<input type="checkbox"/> Living <input type="checkbox"/> Deceased

Part II - Service Information

Conflicts: (Check all that apply)	
<input type="checkbox"/> WWI <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Other: _____	
Branch of Service: (Check branches of service with which Veteran served during conflict(s) listed above)	
<input type="checkbox"/> USMC <input type="checkbox"/> Air Force <input type="checkbox"/> Merchant Marine <input type="checkbox"/> Army <input type="checkbox"/> Army Air Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Other _____	
Years of Service:	Military Occupation or Type of Work Performed:
From _____ to _____	_____
Locations Served:	Highest Grade Achieved:
_____	_____
Was the Veteran Wounded In Action?	Was the Veteran a Prisoner Of War?
<input type="checkbox"/> No <input type="checkbox"/> Yes (date) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (date) _____
(where) _____	(where) _____
Was the Veteran Killed In Action?	Was/Is Veteran listed as Missing In Action?
<input type="checkbox"/> No <input type="checkbox"/> Yes (date) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (date) _____
(where) _____	(where) _____

List any Special Awards:

I affirm that the information supplied on this Service Data Form is true and accurate to the best of my knowledge. I authorize the Town of Colonie, its agents or representatives, to use any information supplied by me under the Town of Colonie Veterans Project (Project), including photographs, in educational, historical or other displays including, but not limited to print, video and Internet. I grant consent to the Town of Colonie to submit information gathered from the Project to the New York State Veteran Oral History Program and/or the National Veterans Service Project. I acknowledge that certain information may be protected by the Privacy Act of 1974 and I hereby specifically consent to its disclosure. I understand that information not protected by privacy laws may be subject to records access laws and may be released to the public. All materials supplied become the sole property of the Town of Colonie. I release the Town of Colonie from any and all claims and demands arising from or in connection with the Project and the use of information supplied under the Project. As the Applicant, I am either the veteran described above or have the authority to supply such information on behalf of the Veteran.

Signature
(Required) _____ Date: _____

FOR OFFICIAL USE ONLY

Date:	Location:	Collector's Initials	
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