

Town of Gorham Historical Society

Veteran Information Form

Name of Veteran _____

Branch of Service _____

Rank Achieved _____

Service Dates _____

Location of Basic Training _____

Metals or Citations Received _____

Places Stationed, Dates and Duties _____

Most Memorable Incident _____

Birth of Veteran _____ Death of Veteran _____

Burial Site of Veteran _____

Name, address, phone and email of person submitting Information

Relationship to Veteran _____

Please return forms to (photos and other documentation are welcome):

Town of Gorham Historical Society, P.O. Box 90, Gorham, NY 14461

Thank You!