

# REQUIRED

## Biographical Data Form

To ensure inclusion in the Veterans History Project, this form must accompany each submission. **Please use reverse or additional sheet if service was in more than one war or conflict.**

### PLEASE PRINT CLEARLY

Veteran  Civilian  \_\_\_\_\_

first middle last maiden name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_ Email \_\_\_\_\_

month/day/year

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Race/Ethnicity (optional) \_\_\_\_\_ Male  Female

Branch of Service or Wartime Activity \_\_\_\_\_

Commissioned  Enlisted  Drafted  Service dates \_\_\_\_\_ to \_\_\_\_\_

Highest Rank \_\_\_\_\_

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) \_\_\_\_\_

War, operation, or conflict served in \_\_\_\_\_

Locations of military or civilian service \_\_\_\_\_

Battles/campaigns (please name) \_\_\_\_\_

Medals or special service awards. If so, please list (be as specific as possible): \_\_\_\_\_

Special duties/highlights/achievements \_\_\_\_\_

Was the veteran a prisoner of war? Yes  No

Did the veteran or civilian sustain combat or service-related injuries? Yes  No

Interviewer (if applicable) \_\_\_\_\_

(Please use reverse for any additional biographical information.)



# REQUIRED

## Veteran's Release Form (See reverse for Interviewer's Release Form)

### TO BE COMPLETED BY VETERAN OR CIVILIAN

(In cases of deceased veterans, to be completed by the donor of the material.)

I, \_\_\_\_\_, am a participant in the Veterans History Project (hereinafter "VHP") of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Library of Congress. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the American Folklife Center plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the Library of Congress ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Library of Congress, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Library of Congress deems inappropriate for retention with the collection or for transfer to other collections in the Library, the Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections.

### ACCEPTED AND AGREED

Signature \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

Printed Name \_\_\_\_\_

Name of Interviewer (if applicable) \_\_\_\_\_

Relationship to Interviewer \_\_\_\_\_

Library of Congress American Folklife Center VETERANS HISTORY PROJECT



# Americans in Wartime Museum

## Voices of Freedom Project



### Interview Release Form

I, \_\_\_\_\_, am a participant in the Voices of Freedom Project of the National Museum of Americans in Wartime. I understand that the purpose of the project is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Voices of Freedom Project. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for researchers and the general public.

I understand that the National Museum of Americans in Wartime plans to retain the product of my participation in the Voices of Freedom Project, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections.

I hereby grant to the National Museum of Americans in Wartime ownership of the physical property comprising My Collection. Additionally, I hereby grant to the National Museum of Americans in Wartime, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the National Museum of Americans in Wartime, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the National Museum of Americans in Wartime deems inappropriate for retention with the collection or for transfer to other collections in the Museum, the Museum may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Museum's collections.

Accepted and agreed

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Name of Interviewer \_\_\_\_\_