



Please send completed form to veterans@metis.org

Soldiers Biographical Data

Name of Soldier: _____

Name of Informant: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____ Email: _____

Place of Birth of Soldier: _____

Birth Date: _____ / _____ / _____ Death Date: _____ / _____ / _____

Soldier's Parents/Next of Kin: (Name/Relation): _____

(Address/City): _____

Branch of Service or Wartime Activity: _____

Enlisted: _____ Drafted: _____ Service Dates: _____ / _____ / _____ to _____ / _____ / _____

Highest Rank: _____ Regiment Number: _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate): _____

War(s), Operation(s) or Conflict(s): _____

Locations of Military Service: _____

Battles/Campaigns (Names): _____

Medals or Service Awards (Please list as specifically as possible) _____

Special Duties/Highlights/Achievements: _____

Was the veteran a prisoner of war? Yes _____ No _____

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

If yes, what were they? _____

Did they die overseas? Yes _____ No _____

If yes, where? _____

