



Wisconsin Veterans Museum
30 West Mifflin Street
Madison, Wisconsin 53703
(608) 261-0537 FAX (608) 264-7615



Oral History Interview Request Form

Contact Information	
Name:	Date:
Address: _____ _____	Phone Number:
	Email address:

About Your Service		
Hometown upon entering service:		
Service Branch:	Dates of Service:	
Name upon entering service (if different than above):		
Military conflict: <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Iraq <input type="checkbox"/> Afghanistan <input type="checkbox"/> Other (explain): _____		
Battalion, Regiment, Division, Ship, Wing, Group etc.:		
Military occupation:		
Do you have original materials (letters, diaries, photographs, maps, military manuals, yearbooks, books and pamphlets, magazines, other papers or artifacts) concerning your military service or veteran experiences that you'd be interested in donating? *Please note, WVM has a Collection Policy and not all donations will be accepted into the permanent collection. With rare exceptions, we do not accept copies of materials. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth:	Gender:	Race:
Ethnicity:	Religion:	

