



WISCONSIN VETERANS
MUSEUM

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



Oral History Interview Request Form

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

About Your Military Service		
Hometown upon entering service:		
Service Branch(es):	Dates of Service:	
Name upon entering service (if different than above):		
Check all that apply: <input type="checkbox"/> Peacetime <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Cold War <input type="checkbox"/> Vietnam <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Iraq <input type="checkbox"/> Afghanistan <input type="checkbox"/> GWOT <input type="checkbox"/> Other:		
Military occupation(s):		
Unit/Ship/Wing/Group name #1:		
Unit/Ship/Wing/Group name #2:		
Unit/Ship/Wing/Group name #3:		
Military bases, posts, forts, stations, locations:		
Place of Birth:	Date of Birth:	
Gender:	Marital Status:	Ethnicity/Race:
Nationality (if not US citizen):	Religious Affiliations:	

Experiences you'd be willing to share:

Off-limits topics are:

What is your availability to interview?

How would you like to receive the audio/video of the interview (please indicate)?

(Default) Email me a Dropbox link containing the files

Send me 3 DVDs/CDs containing the video/audio files

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?

Yes No

Please mail to: Wisconsin Veterans Museum
ATTN: Luke Sprague
30 W. Mifflin Street
Madison, WI 53703

-OR-

Email:
luke.sprague@dva.wisconsin.gov