

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



Oral History Interview Request Form

Contact Information		
Name:	Today's date:	
Mailing Address:	Phone number(s):	
	Email addresses:	

About Your Military Service			
Hometown upon entering service	:		
Name upon entering service (if different than above):			
Service Branch(es):	Dates	of Service:	
Military occupation(s):			
Check any that apply: [] Peacetime [] Cold War [] Iraq [] Afghanistan [] GWOT [] Persian Gulf [] Vietnam [] Korea [] WWII [] Other actions/operations (list):			
Unit/Ship/Wing/Regiment name	#1 and location:		
Unit/Ship/Wing/Regiment name	#2 and location:		
Unit/Ship/Wing/Regiment name	#3 and location:		
Unit/Ship/Wing/Regiment name #4 and location:			
Unit/Ship/Wing/Regiment name #5 and location:			
Unit/Ship/Wing/Regiment name #6 and location:			
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 for the interview are:

What is your availability to interview?

Would you like to receive a recoding of the interview [] Yes or [] No? If yes, please indicate with an "X":

Email me a Dropbox link containing the files

-OR-

Mail me one set of DVDs (for video interviews) / CDs (for audio interviews)

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

Mail this completed form to:	Wisconsin Veterans Museum
	ATTN: Luke Sprague
	30 W. Mifflin Street
	Madison, WI 53703