

MILITARY REGISTRY

____WAR SERVICE ____OTHER SERVICE

NAME OF PARTICIPANT: _____

COMMUNITY FROM WHICH SERVED (CHECK ONE):

____ALLEGAN ____BERRIEN ____CASS ____KALAMAZOO ____VAN BUREN
____OTHER_____

BRANCH OF SERVICE: _____ LENGTH OF SERVICE: _____

DESCRIPTION OF SERVICE: _____

EVIDENCE OF SERVICE (ATTACH COPIES): _____

PENSION (CHECK ONE): ____YES ____NO ____REJECTED ____UNKNOWN

-PERSONAL HISTORY OF PARTICIPANT-

BIRTH DATE _____ PLACE OF BIRTH: city _____
county _____ state _____ country _____

DEATH DATE _____ PLACE OF DEATH: city _____
county _____ state _____ country _____

BURIAL PLACE: cemetery _____
city _____ county _____ state _____ country _____

DOES THE BURIAL SITE HAVE A MARKER? ____YES ____NO

PARENTS: _____

SIBLINGS: _____

SPOUSE: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: city _____ county _____
state _____ country _____

OTHER SPOUSES: _____

CHILDREN:

NAME	BIRTHDATE	SPOUSE(S)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

(use comment section for additional children, if needed)

ALL KNOWN RESIDENCES OF PARTICIPANT:

COMMENTS/ADDITIONAL INFORMATION:

-SUBMITTER'S INFORMATION-

NAME: _____

CONTACT INFORMATION (ADDRESS, PHONE, EMAIL): _____

RELATIONSHIP TO PARTICIPANT: _____

DATE OF SUBMISSION: _____

MILITARY REGISTRY IS A PROJECT OF THE
VAN BUREN REGIONAL GENEALOGICAL SOCIETY
P.O. BOX 143
DECATUR, MICHIGAN 49045

(PLEASE MAIL THIS FORM AND COPIES OF ANY SUPPORTING MATERIALS TO
THE VBRGS AT THE ABOVE ADDRESS. SUBMISSIONS BECOME THE PROPERTY
OF THE VBRGS AND WILL BECOME A PART OF THEIR WAR/VETERAN
REMEMBRANCE PROJECT.)

VBRGS USE ONLY:

DATE RECEIVED: _____ CATEGORY/#: _____

APPROVED BY: _____

NOTES: _____
