

Northwest Missouri Genealogical Society

World War II Project

Please fill out as much of the information as possible. If you aren't sure, leave it blank.
PLEASE PRINT as neatly as you can – we want to get it right!

First Name: _____ Middle Name: _____ Surname: _____
Is this person a Jr Sr II III IV Other _____ Male Female

Date of birth: day: _____ month: _____ year: _____ where? _____
If deceased, date of death: day: _____ month: _____ year: _____ where? _____
If deceased, where is the person buried/interred? (city/state/cemetery) _____

Branch of service: Air Force Army Coast Guard Navy Marines
Division/unit information: _____
Dates of service: entered: _____ discharged: _____
Military honors/awards received: _____
Theater of operations: _____

Where in northwest Missouri did the person live before joining? (city/area) _____
Mother's name: first: _____ middle: _____ maiden: _____
Father's name: first: _____ middle: _____ last: _____

Siblings: _____

Spouse 1: first: _____ middle: _____ maiden/last: _____
Spouse 2: first: _____ middle: _____ maiden/last: _____
Children: (if the person had more than one spouse, please indicate from which spouse with a S1, S2, etc.)
Son(s): _____

Daughters: _____

Do you have a picture of this person that you would be willing to share? Yes No
(Preferably one in uniform, however, ANY picture would be great! We won't keep it – we'll scan and return it to you.)

Tell us about this person: (what did they do after the war? Hobbies? Profession? Places s/he lived?) _____

Your name: _____ Relationship to this person: _____
(We promise not to bug you – we'll only contact you if we need clarification. We won't share your information with any other organization.)
How can we get in contact with you if we need to verify anything? Phone: _____ email: _____
Your address: _____

Thank you for assisting the NWMGS with gathering this vital information regarding our WWII soldiers. Your help is greatly appreciated!! We anticipate the printed book will be available in late 2015. Would you like us to notify you when it is available? Yes No, thanks

Return form to: NWMGS PO Box 382 St. Joseph MO 64502