



UNITED STATES ARMY  
WOMEN'S MUSEUM

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*The U.S. Army Women's Museum is interested in collecting information about your service in the Army. The purpose of this is to support our mission which in part is to collect stories about people's time and experiences in the Army. Part of the goal is to strengthen our archives by collecting and preserving an individual's first-hand information and making it available to future researchers. We are looking for individual's spoken memories, personal commentaries, recollections, perspectives, interpretations, and narrative accounts of events and experiences, as well.*

**Privacy Act Statement**

**AUTHORITY:** 10, USC3013, Secretary of the Army; Arm Regulation 870-5, Military History: Responsibilities, Policies and Procedures.

**PRINCIPAL PURPOSE:** To obtain historical information that focuses on persons, events and topic of historical interest to the U.S. Army.

**ROUTINE USES:** This information may be used by Department of Defense as source material for publications or other historical works. The DO Blanket Routine Uses may apply to this collection.

**DISCLOSURE:** Voluntary.

## **Biographical Questionnaire**

NAME (First, Middle, Last): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

What is the best way to contact you?    ☐ Mail   ☐ Telephone   ☐ Email

RANK ACHIEVED: \_\_\_\_\_

MOS (Military Occupational Specialty) or BRANCH: \_\_\_\_\_

SERVICE DATES (Indicate Active or Reserve, and/or Services): \_\_\_\_\_

WHERE DID YOU SERVE? (Units & Locations):

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LIST YOUR DEPLOYMENTS, WARS, SPECIAL ASSIGNMENTS (with dates, month-year/from-to):

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LIST YOUR MILITARY TRAINING (Schools, courses, etc.):

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LIST YOUR SERVICE MEDALS & AWARDS:

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SHARE ONE (or more) UNIQUE STORY OR INCIDENT THAT OCCURRED DURING YOUR MILITARY SERVICE:

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WHAT WAS ONE (or more) OF YOUR MOST CHALLENGING ASSIGNMENTS OR JOBS?

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WHAT HAS YOUR SERVICE MEANT TO YOU?

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ARE THERE ANY OTHER FACTS OR INFORMATION ABOUT YOUR SERVICE YOU WOULD LIKE TO SHARE WITH US?

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ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE:

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ARE YOU INTERESTED IN PARTICIPATING IN AN ORAL HISTORY? ☐ YES ☐ NO

ARE YOU INTERESTED IN DONATING ANY ARCHIVAL DOCUMENTS OR ARTIFACTS TO THE MUSEUM? ☐ YES ☐ NO