

ALLVETS Recording Registration

Personal Information

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

Military Service History

Branch of Service: _____

Unit: _____

Conflicts: _____
WWII, Korea, Vietnam, Desert Storm, Peace times, Nato, etc

Years of service: _____

Highest Rank: _____

Awards: _____

Comments: _____

ALLVETS AND YCHC PERMISSIOM RELEASE:

I, the undersigned, give permission to ALLVETS and York County History Center to either make an audio or video recording of my story, and to make it available to the public for viewing. Permission is given to house this oral history at the York County History Center Library & Archives for public access.

Veteran accepts & agrees:

_____ Date: _____

Please Mail to:

York County History Center attn: ALLVETS 250 East Market Street, York, Pa 17403

Or Scan and e-mail to: AllVets1York@gmail.com