

# VOICES OF WAR

## KOREA – VIETNAM HISTORY PROJECT Questionnaire

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Branch of Service: Army \_\_\_ Air Force \_\_\_ Marine Corps \_\_\_ Navy \_\_\_

Coast Guard \_\_\_ Other \_\_\_\_\_

Korea \_\_\_\_\_ Vietnam \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Are you a service-connected disabled veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have photographs? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you keep a journal? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a copy of your DD Form 214 or related forms? Yes \_\_\_ No \_\_\_  
(Note: Not required but helpful for informational purposes)

### Participation information

Are you willing to participate in a recorded (audio-visual) interview not to exceed 90 minutes? Yes \_\_\_\_\_ No \_\_\_\_\_

### Your experience

Did you have combat service? If so explain (*you can use additional paper*):

Please mail this form to: VOW  
P O Box 32  
Montchanin, DE 19710

*If you need assistance in completing this questionnaire, please call:  
302.658.7294*