

VETERAN'S DEPARTMENT INTERVIEW SHEET

Date Interviewed: _____

File Number: _____

Social Security: _____

Power of Atty: _____

Vets Name: _____ Telephone No: _____
Last First Middle

Mailing Address: _____ ZC: _____

DOB: _____ Place: _____ Sex: _____

DOE: _____ Place: _____

DOS: _____ Place: _____

Grade: _____ Branch: _____ Serial No: _____

SSN: _____ DOB: _____

Marital Status: _____ No. Of Dept: 0
Married Divorced Single

Wife's Name: _____
First Middle Maiden Last

DATE OF DEATH: _____ Place: _____

DATE OF BURIAL: _____ Place: _____

214 Recorded? _____ Place: _____ Vol: _____ Page: _____

Date/Remarks: _____
