

DALLAM-HARTLEY VETERANS MEMORIAL

(Information about Veteran)

1. Name of Veteran: _____
2. Address of Veteran or Contact Person: _____
3. Telephone No: _____
4. If completed by someone other than the veteran: _____
5. Is this veteran classified as MIA? If so, when? _____
6. What branch(s) of service? _____
7. Date and Place of Birth: _____
8. Means of Entry: Enlisted Inducted Commissioned
9. Comments concerning entry: _____

10. Date(s) of Entry: _____
11. Date(s) of Discharge: _____
12. Place(s) of Discharge: _____

13. Rank(s) at Discharge: _____
14. Military occupational specialties or qualifications: _____

15. Service(Vessels or area of service): _____

16. Battles and Campaigns: _____

17. Decorations and Citations: _____

(Please continue on the back of this form.)

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18. Were you ever classified as a POW? _____

19. If so, where and when? _____

20. Would you be willing to discuss experiences while in service? ___ Yes ___ No

21. If yes, through a questionnaire? ___ Yes ___ No, Or Interview? ___ Yes ___ No

Or both? ___ Yes ___ No

22. Would you be willing to donate items to the XIT Museum for exhibit or archive purposes?

___ Yes ___ No Or allow items to be copied? ___ Yes ___ No

Comment: _____

23. Additional remarks (If you need more space, please add additional pages to this form.):

If you have questions or wish to return this form, please contact Nick Olson or Ron Howell at:

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(806) 244-5390

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