

Central Bucks School District Veteran Recognition Form

To ensure accuracy and participation in the Central Bucks School District Veterans Recognition Project, this form must accompany each submission. This is a living archive, we hope to also add video interviews about the individuals represented within the archive.

PLEASE TYPE or PRINT CLEARLY

Are you submitting the form for yourself? Yes No

If no, please identify your name here: _____ and complete the contact information below:

Are you willing to be interviewed about your service or share the story of the individual you are representing? Yes No

Name of Veteran:

First _____ middle _____ last _____ maiden name _____

(Of living Veteran or individual submitting the name of a Veteran)

Address _____ City _____ State _____ ZIP _____

Telephone () _____ - _____ Email _____

Birthdate: _____ month/day/year _____ Place of Birth: _____

(optional) Male Female

Branch of Service or Wartime Activity

Commissioned Enlisted Drafted

Service dates to in chronological order including, Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) War, operation, or conflict served in Locations of military or civilian service

Battles/campaigns (please list)

Medals or special service awards. If so, please list (be as specific as possible):

Special duties/career highlights/ career achievements

FOR CBSD ALUMNI

School(s) attended in the Central Bucks School District:

Years attended or year of graduation from the Central Bucks School District:

FOR CBSD Past/Present Employees

Years of CBSD employment _____

Location(s) of CBSD employment _____

Role of CBSD employment _____

Please include a copy photo of the Veteran if possible, preferably in uniform.

**Once completed: Please email to mafash@cbsd.org or mail to CBSD Veterans Recognition Project
Central Bucks High School East 2408 Holicong Road Buckingham Pennsylvania.**