"Possible" Soldier Information Field Form

NOTE: This form is to be printed out and used for gathering field information. Do not attempt to fill it out electronically. All information will be exactly as it is shown on the soldier's headstone. Names (and /or initials) and dates shall be entered on the Graves Registration Form exactly as they are on the headstone. Unit information taken as it is shown on the headstone shall be matched with one of the Official Unit designations shown in the drop-box on the Graves Registration Form. Highlighted information is required.

diddle Name(s)(All): Citle(Before Name): DOB: Day Month Year DOD: Day Month Year Dold: Day Month Year DoD: Day Month Year Notation Parket State Dodner State					
Month Year DOD: Day Month Year Lank: Branch: Init: Init					
nit: Decoration: Decorati		Suff	ffix(After Na	<mark>me):</mark>	
ompany:	nth	DOD:	: Day	Month	<u>Year</u>
tate of Origin for Unit: Decoration:		Branc	<mark>ch:</mark>		
tate of Origin for Unit: Decoration: Decor					
Cemetery Address or Location: City:	. Naval Vessel:				
State: County: State: Section #: Secti	<mark>it:</mark>	De	ecoration:		
County: Row #: Row #: Row #: Section #: Grave Marked; Section #: NO: NO: Section #: NO: Section #: NO: Section #:					
Introduction in the control in the c	Location:				
Grave Marked: YES: NO: Family Stone: YES: NO: Stude Stone: PLAT: UPRIGHT: Cross of Honor: YES: NO: NO: Needs Cleaning: YES: NO: NO: Meeds Cleaning: YES: NO: NO: Meeds Cleaning: YES: NO: Mois Market: Longitude: Longitude: No: Meeds Cleaning: No: Meeds Cleaning: No: No: No: No: No: No: No: No: No: No					
Ssued Stone: FLAT: UPRIGHT: Cross of Honor: YES: NO: Guardian Program: YES: NO: Needs Cleaning: YES: NO: Guardian's Name: Camp &Camp #: Longitude: Wife:	Row #			Section #:	
Guardian Program: YES: NO: Needs Cleaning: YES: NO: Guardian's Name: Camp & Camp #: Longitude: Vife:	YES:	Fa	amily Stone:	YES:	NO:
Guardian's Name:					
ERTIFICATION: (Contact information of person submitting data and documentation.)					
CERTIFICATION: (Contact information of person submitting data and documentation.)					
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Name:	Contact information	in submitting	g data and t	locumentation.)	
Camp &Camp #:					
address:					
Email: .Phone #s:		.Phor	ne #s:		
risited Grave: YES: NO: Date:	VFQ.				
isitet Grave.		Date			
Documentation:(If grave was not visited give official records where information was obtained)	grave was not visited	cial records v	where infor	mation was obta	ined)
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Other information on Soldier:	
Ethnicity: Black: Jewish: Native American: Hispanic: White: Unknown:	
Comments:	