



Military Experience Survey
Excelsior Springs Museum & Archives

101 E. Broadway, P.O. Box 144, Excelsior Springs, MO 64024
(816) 630-0101 esmuseum.com emuseum101@gmail.com

Today's Date

The Museum maintains a database to recognize the military service of local veterans. Please complete this form and return it to the Museum along with a military photograph and other documentation.

Veteran's Information

Last Name		First Name		Middle Name	
Birth Date	Birth Place		Death Date	Death Place	
Father			Mother (include maiden name)		
Branch of Service		Date of Enlistment	Dates of Service		Date of Discharge
War	Rank		MOS (Specialty)		
Units Served In			Stations		
Commendations			Other Military Information		
High School Graduation Year _____ <input type="radio"/> Excelsior Springs <input type="radio"/> Other _____		Connection to Excelsior Springs			

Attachments
 Military Photo Other Documents _____

Person Providing Information

Self (Veteran) Relationship to Veteran _____ Museum Volunteer

Last Name		First Name		Middle Name	
Phone	email				

Additional Information

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