

# ALLVETS Recording Registration

## Personal Information

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Military Service History

Branch of Service: \_\_\_\_\_

Unit: \_\_\_\_\_

Conflicts: \_\_\_\_\_  
WWII, Korea, Vietnam, Desert Storm, Peace times, Nato, etc

Years of service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Awards: \_\_\_\_\_

Comments: \_\_\_\_\_

## ALLVETS AND YCHC PERMISSIOM RELEASE:

I, the undersigned, give permission to ALLVETS and York County History Center to either make an audio or video recording of my story, and to make it available to the public for viewing. Permission is given to house this oral history at the York County History Center Library & Archives for public access.

Veteran accepts & agrees:

\_\_\_\_\_ Date: \_\_\_\_\_

Please Mail to:

York County History Center attn: ALLVETS 121 N Pershing Ave, York, Pa 17403

Or Scan and e-mail to: [AllVets1York@gmail.com](mailto:AllVets1York@gmail.com)