



STRATFORD VETERANS MUSEUM

5952 Main Street, Stratford, CT 06614

Date Registering

Greeter Initials

REGISTRATION FORM

This Museum's objective is to have a visual and written record of the Veteran's experiences in peace and in war. Pictures, records, medals and mementos help tell their story. We would primarily like a photo of the Veteran, in uniform (preferred not necessary) to be scanned and returned. All registering Veterans must have lived in Stratford at some point.

Name of Veteran

Email (if available)

Branch of Service

Rank at Discharge

Dates of Service

Duty Stations etc.

Medals and Citations

Occupation

Present Address (veteran or person submitting)

Zip Code

Telephone

Person Submitting Registration

Telephone

Email Address

Contact Information

**Visit the Website at stfdveteransmuseum.org
or visit us on [facebook.com](https://www.facebook.com)**

**Veterans interested in doing an oral or video interview contact
Greg Sperling at gsperls@aol.com**

*List all materials loaned () or donated () below or reverse side.
Please check your preference. All items can be returned upon request.*

Please write any additional information below and reverse side

Revised 1/2003