

Deceased Veterans Form
(IAHS Memory Album Project)

Enclose completed form and a reprint (not a photocopy, please) of the veteran in military uniform (if not available, preferably a photo as a young man) and

Mail to: Ireton Area Historical Society, P.O. Box 303, Ireton, Iowa 51027
OR

Send the information in an e-mail along with a scan of the photo to: iretonhistory@live.com

Questions? E-mail: iretonhistory@live.com or call Janet at 712-278-2810

Name of Veteran _____

Date of Birth _____

Place of Birth _____

Date of Death _____

Where Death Occurred _____

City/State of Residence at Time of Death _____

Names of Parents _____

Name of First Spouse _____

Date & Location of Marriage _____

Names of Children of this marriage _____

Names, dates & place of additional marriages and names of children with 2nd or subsequent spouses (add paper if necessary)

Branch of Military _____

Dates of Service _____

Where Stationed? _____

Education & Occupation _____

Survivors (include names of spouses of children if possible; include living brothers & sisters):

Preceded in death by (include, if applicable, spouse(s), children & grandchildren, parents, brothers & sisters):

Any additional information about military service (rank, medals & commendations, stories, etc.) _____

Any other information you would like to share (memories, hobbies, etc.) _____

Please feel free to add paper or any information you would like to include.
Thank you for your help with this project!!!