

# Mighty Eighth Air Force Museum Database Entry Form

Name of Eighth Air Force Veteran \_\_\_\_\_

Position/Occupation (Pilot, Gunner, Ground Crew, etc.) \_\_\_\_\_

Rank \_\_\_\_\_ Unit (Group & Squadron) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Base \_\_\_\_\_ Base's Station Number \_\_\_\_\_

\*If Eighth Air Force Member is Deceased:

\*Date of Death \_\_\_\_\_ \*Place of Burial \_\_\_\_\_

Record Source (Self, Relative, Document, etc.) \_\_\_\_\_

Awards/Medals \_\_\_\_\_

Experiences (Memorable missions or events, impressions, etc. Add pages if necessary.)

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Veteran's Serial Number: \_\_\_\_\_

**PLEASE RETURN TO:**  
**Mighty Eighth Air Force Museum**  
**P.O. Box 1992, Savannah, GA 31402**  
**FAX: (912) 748-0209**