

# VETERANS DATA FORM

**ALL CARVER VETERANS, PLEASE COMPLETE  
AND MAIL TO: CARVER VETERANS SERVICES  
PO BOX 973  
CARVER MA 02330**

## **Veterans Personal Data** *(please print legibly)*

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**Veterans Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

## **Veterans Military Information** *(please print legibly)*

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

**Service Number:** \_\_\_\_\_

**Dates of Service from/to:** \_\_\_\_\_

**Overseas Service (*circle one*):**    **YES**        **NO**

**Town or City Enlisted from:** \_\_\_\_\_