

UKRAINIAN AMERICAN VETERANS, INC.

UAV NATIONAL REGISTRY

PO Box 172

Holmdel, NJ 07733-0172

uav.registration@verizon.net

www.uavets.org



OFFICIAL UAV NATIONAL REGISTRY FORM

Last Name: _____ Middle Name: _____ Middle Name: _____

For Ukrainian American veterans of active duty, Reserve, National Guard, living or deceased. **PLEASE PRINT OR TYPE ALL INFORMATION.**

Maiden Name (if applicable):	
Address:	ID#
City: State	: Zip Code:
Daytime phone: () Evening: () Cell: ()
fax: () E-mail:	
Birthday:/ Place of Birth	If deceased// month_day_year
When did you and/or your ancestors arrive in USA?	from which country?
Your Ukrainian ancestry is on your [] mother's side Your mother's maiden name:	
Are you UAV member? If yes, UAV Post #	Other US Veterans Organization
	USAF USCG WWII-USMM WWII-AAF ational Guard (provide copy of DD Form 214 or equivalent)
From: to	[] Active Duty [] Reserve [] Guard
From: to	[] Active Duty [] Reserve [] Guard
From: to	[] Active Duty [] Reserve [] Guard
Military Decorations:	
Highest Rank or Grade:	if deceased, place of burial:
Other:	
[] Retired from military service [] Photo taken in uniform enclosed, if available - no photologistered by other than above, please indicate relationships	otocopier prints, please. nip to the veteran being registered:
If you have memorable military experiences, please write on the back of this page. Your short autobiography and photo in uniform will be appreciated.	
Date: Signature:	

<u>Please return entire form with a copy of DD Form 214 or equivalent to the address above. Thank you.</u>

You do not have to be a member of the Ukrainian American Veterans to register.