



UKRAINIAN AMERICAN VETERANS, INC.



UAV NATIONAL REGISTRY

PO Box 143
Ocklawaha, FL 32179

uavregistry@gmail.com www.uavets.org

UAV NATIONAL REGISTRY APPLICATION FORM

For Ukrainian American veterans who served honorably in the United States armed forces -
active duty, Reserve, National Guard, living or deceased

PLEASE PRINT OR TYPE ALL INFORMATION.

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

Maiden Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: () _____ Cell: () _____ E-mail: _____

Birthday: ____/____/____ Place of Birth _____ If deceased ____/____/____
month day year month day year

When did you and/or your ancestors arrive in USA? _____ from which country? _____

When did you and/or your ancestors become USA citizens? [] myself [] ancestor _____ (indicate year)

Your Ukrainian ancestry is on your [] mother's side [] father's side [] both [] spouse

Are you UAV member? _____ If yes, UAV Post # _____ Other US Veterans Organization _____

Branch: (circle) USA USN USMC USAF USSF USCG WWII-USMM

SERVICE DATES: include Active Duty, Reserve, and National Guard (*provide copy of DD Form 214 or equivalent*)

From: _____ to _____ [] Active Duty [] Reserve [] Guard

From: _____ to _____ [] Active Duty [] Reserve [] Guard

Military Decorations: _____

Highest Rank or Grade: _____ if deceased, place of burial: _____

[] Retired from military service

[] Photo taken in uniform enclosed, if available - no photocopier prints, please.

If registered by other than above, please indicate relationship to the veteran being registered: _____

If you have memorable military experiences, please write on the back of this page or add additional pages. Your short autobiography and photo in uniform will be appreciated.

Date: _____ Signature: _____

Please return form with a copy of DD-214 (SSN redacted) or equivalent to the address above. Thank you.

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