OFFICIAL UAV NATIONAL REGISTRY FORM

For Ukrainian American veterans of 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: ( ) __________________ Evening: ( ) _______________ Cell: ( ) ____________________

fax: ( ) __________________ E-mail: _______________________________________________________

Birthday: _____/____/_____ Place of Birth _________________________________ If deceased _____/____/_____

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

Your mother's maiden name: ____________________________________________

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

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

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

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 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.

Your short autobiography and photo in uniform will be appreciated.

Date: __________________ Signature: _______________________________________________________________

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

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

(Updated 2020)