



Faces of Fort Monroe Project

Have you or someone you know ever lived, worked, or served at Fort Monroe? If so, we would like to talk to you! Please answer the following questions and leave this form with a staff member or email to cmorris@fortmonroe.org. Use the reverse side for additional space if needed.

Section I: Biographical Information

Name: _____
Address: _____
Phone: _____ Email: _____
Birth date: _____ City of birth: _____
Death date (if applicable): _____ City of death: _____
Gender: Male Female Non-Binary Prefer Not to Respond
Race: American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander
 White Hispanic/Latino

Section II: Military Service Information (if not applicable, please proceed to Section III)

Branch of Service: _____
Were you: Commissioned Enlisted Drafted
Dates of Service: _____
Highest Rank: _____
War/Operation/Conflict: _____
Battles/Campaigns: _____
Medals/Service Awards: _____
Were you ever a Prisoner of War (POW)? YES NO
Did you sustain combat or service related injuries? YES NO

Section III: Fort Monroe Information – Military (if not applicable, please proceed to section IV)

Dates at Fort Monroe: _____
Unit/Division/Battalion/Group: _____
Duty Assignment: _____ Post Building: _____
Did you live on post?: YES NO If yes, please provide address: _____
Rank: _____ Did you complete any schooling/training at Fort Monroe?: YES NO

Section IV: Fort Monroe Information – Civilian (if not applicable, please proceed to section V)

Dates at Fort Monroe: _____
Job Title: _____ Department: _____
Awards/Certificates/Promotions: _____

Section V: Fort Monroe Information – Dependent (if not applicable, please proceed to section VI)

Dates at Fort Monroe: _____
Name of Service Member: _____ Relation: _____
Did you live on post?: YES NO If yes, please provide address: _____

Section VI: Additional Information

Would you be willing to be interviewed about your experiences at Fort Monroe? YES NO
Are you interested in learning more about donating items to the Casemate Museum: YES NO
Are you interested in learning more about events and programs at Fort Monroe? YES NO

By signing below, I allow the Fort Monroe Authority and the Casemate Museum permission to use the information provided to further the mission of the Fort Monroe Authority.

Signature

Date