



THE NATIONAL  
D-DAY MUSEUM  
NEW ORLEANS  
*America's National  
World War II Museum®*

# World War II Veteran *Roll of Honor*

Date \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Rank \_\_\_\_\_

Division/Ship \_\_\_\_\_

Theater of Operations \_\_\_\_\_

Branch of Service \_\_\_\_\_

*Please enter information such as battles, awards, medals, ribbons, personal comments, etc.:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use reverse side for any additional comments*

*America's National World War II Museum*