

# Wall of Honor Biography Form

Submit photograph and information to [jbravard@museumsofhopkinsville.org](mailto:jbravard@museumsofhopkinsville.org) or to  
Pennyroyal Area Museum, P.O.Box 1093, 217 E. 9<sup>th</sup> St., Hopkinsville, KY 42241



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County/City of Birth \_\_\_\_\_

Date of Death if applicable: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rate/Rank: \_\_\_\_\_

Length/dates of Service: \_\_\_\_\_

Date of photograph submitted: \_\_\_\_\_

Duty Station: \_\_\_\_\_

Served in the following War(s) of Operations: \_\_\_\_\_

Service Awards: \_\_\_\_\_

Additional Military Information: \_\_\_\_\_

Died in combat: \_\_\_\_\_yes (year) \_\_\_\_\_no

Name of Parents: \_\_\_\_\_

Marital Information: \_\_\_\_\_  
Spouse/Maiden Name Date of Marriage

Children: \_\_\_\_\_

Connection to Hopkinsville or Pennyroyal Region:  
\_\_\_\_\_  
\_\_\_\_\_

Date Submitted \_\_\_\_\_