

UNITED STATES CAVALRY ASSOCIATION

PO Box 2325, Fort Riley, Kansas 66442-0325

CAVALRY BIOGRAPHY

Name _____
(Last) (First) (Middle)

ASN _____ 2nd ASN _____ SSN _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Enlistment/Commission: _____
(Date) (Component) (Place)

DATE OF RETIREMENT OR SEPARATION & PLACE: _____

RANKS/PROMOTIONS & DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CAVALRY UNITS ASSIGNED

Troop	Regiments/Detachments	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medals & Decorations: _____

Wife's Name (include maiden name) _____

Children: _____

Ancestor or Relative in the Cavalry: _____

REMARKS: (Military highlights, anecdotes, literature published, military organizations, war experiences, Military Education, etc.)

(Add extra sheets if necessary)

I AUTHORIZE THE PUBLIC RELEASE OF THIS INFORMATION.

This is our Cavalry Biography Form. If you served in the U.S. Cavalry and have not yet filled out this form for our Data Bank; or if you had a relative that served in the Cavalry, please fill this form out or write USCA for additional forms.