

NEDERLAND VETERANS HISTORY PROJECT

Please attach a copy of the veteran's DD214 form, discharge/separation document or documentation of service history from the Military Personnel Records Center. Please use a separate sheet if you served in more than one war or conflict and service was not continuous OR served in different branches, i.e. regular Army during Vietnam, but also Army Reserve service after discharge from Army. PLEASE PRINT CLEARLY.

I, _____, hereby grant my permission to the City of Nederland and its agents and/or assigns, to use my name and the information / documents listed for the purposes of commemorating my military service and further grant my consent for my name to be included in the database developed for such purpose. I also give my consent for this form or its contents, documents provided, i.e. DD214, and other public information to be included in any related database.

Veteran's Name (Printed)
As it is to appear in database

Name & Relationship to Vet (Print)
For deceased veterans only
Death cert or documentation of MIA status required

Military Branch: _____

Rank: _____

Dates of Service: _____

Signature of Requestor

Date

Veteran or Contact Name _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone (_____) _____ Email _____

Please fill out the remainder of the form, if you wish other service related information to appear in the database. Note: The Library may include other information that is public information.

Please mail or bring the entire form to:
Veterans History Project
Marion & Ed Hughes Public Library
2712 Nederland Avenue
Nederland, TX 77627

A Joint Project of the
City of Nederland Parks and Recreation Department and the Marion & Ed Hughes Public Library.

Veteran's Name _____

Birth Date ___/___/_____ Place of Birth _____

Death Date ___/___/_____ Place of Death _____

Place of Burial _____
Cemetery City/Town State

Residence in City:

Moved to Nederland from _____ in ___/___/_____

Moved from Nederland to _____ in ___/___/_____

Male Female

Branch of Service or Wartime Activity _____

Commissioned Enlisted Drafted Service Dates ___/___/_____ to ___/___/_____

Highest Rank _____

Prisoner of war? Yes No Missing in Action? Yes No Killed in Action? Yes No

Dates and Location Associated with Above Status: _____

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate). _____

War, operation or conflict _____

Locations of military service _____

Battles/campaigns (Names) _____

Medals or service awards (Please list as specifically as possible.) _____

Special duties/highlights/achievements _____

Did the veteran sustain combat or service-related injuries? Yes No

Veteran's Name _____

If Veteran, are you willing to participate in our Oral History Project? Yes No

If yes, specify: Video Tape Both

Experiences to include in the interview:

Supplemental Materials

Participants can also donate their military-related letters, diaries, photographs, scrapbooks, etc.* Do you have any of the following that you are willing to donate or allow the Project to scan and place online?

- Photographs Diaries Maps
 Newspaper Clippings Letters

Documents:

- Enlistment Record Draft Card Citations
 Other: _____

Note: When you donate items, please protect your privacy. DO NOT label DVDs, CDs, tapes, memoirs, photographs or other materials with personal mailing labels, military identification numbers or social security numbers. In addition, private information (e.g., social security numbers, etc.) should be removed from all collection material (e.g., military papers such as the DD-214). All required forms (e.g., Biographical Data Form, Veteran's Release Form, etc.) are kept on file. Only the name, age, and military history portion of the form is made available to the public or researchers unless they are in redacted form. We advise all participants to avoid sharing any classified information as a part of your collection materials.

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Veteran's Name _____

Photograph Log

Photographic prints should be numbered with a soft (No. 1) pencil on the back of the photograph in the lower-right corner. If the back is too slick to write on, enclose each photograph in a labeled envelope. Please do not use a pen or marker to label prints. Slides may be numbered on the frame housing. Photographers should sign a release form when possible. Below indicate the Photograph number and provide descriptive information. If more than two photographs are submitted, please make photocopies of this sheet to complete.

PHOTOGRAPH # _____

Place _____ Date _____

Person(s) left to right _____

Description _____

Photographer (if known) _____

PHOTOGRAPH # _____

Place _____ Date _____

Person(s) left to right _____

Description _____

Photographer (if known) _____

Veteran's Name _____

VETERAN'S RELEASE FORM

TO BE COMPLETED BY VETERAN OR CIVILIAN

(In cases of deceased veterans, to be completed by the donor of the material.)

I, _____, am a participant in the Veterans History Project (hereinafter "VHP") of the City Of Nederland / Marion & Ed Hughes Public Library. I understand that the purpose of the VHP is to collect selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the City of Nederland / Marion & Ed Hughes Public Library. These materials serve as a record of Nederland veterans' wartime experiences and as a scholarly and educational resource for the general public.

I understand that the City of Nederland / Marion & Ed Hughes Public Library plans to retain the product of my participation in the VHP, including but not limited to my photographs, statements, name, images or likeness, and written materials ("My Collection") as part of its permanent collections. I understand that all or part of My Collection may also be submitted to the Library of Congress Veterans History Project.

I hereby grant to the City of Nederland / Marion & Ed Hughes Public Library ownership of the physical property comprising My Collection. Additionally, I hereby grant to the City of Nederland / Marion & Ed Hughes Public Library, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the City of Nederland / Marion & Ed Hughes Public Library, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the City of Nederland Marion & Ed Hughes Public Library deems inappropriate for retention with the collection or for transfer to other collections in the Library, the City of Nederland / Library may dispose of such materials in accordance with its procedures for disposition of materials not needed for the Library's collections, including transferring to another library's collection.

ACCEPTED AND AGREED

Signature _____ Date _____

Printed Name _____

Veteran's Address _____

Veteran's Next of Kin: Name & Address

