



# Champaign Aviation Museum Hall of Honor Induction Form U.S. Army Air Corps & Army Air Force Veterans of World War II

Name of the Veteran: \_\_\_\_\_

He/She was born on: \_\_\_\_\_

If still living, city of residence: \_\_\_\_\_

Or

If deceased, date of death: \_\_\_\_\_

His/Her rank in WWII: \_\_\_\_\_

His/Her unit in WWII: \_\_\_\_\_

He/She served in WWII as a: \_\_\_\_\_

His/Her special recognition during WWII: (Medals, POW, etc.) \_\_\_\_\_

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

The Veteran retired / discharged from the military after WWII.

When and where: \_\_\_\_\_

The information is provided by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address or telephone #: \_\_\_\_\_

\_\_\_\_\_