UNITED STATES CAVALRY ASSOCIATION
CAVALRY BIOGRAPHY (BIOCAV) FORM
www.uscavalryassociation.org

Name ____________________________________________________________
(Last) ____________________________ (First) ____________________________ (Middle) ____________________________

Army Service Number(s) _____________________________________________ (Please, no social security numbers)

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 AND DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Rank</th>
<th>Promotion</th>
<th>Date</th>
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CAVALRY UNITS ASSIGNED

<table>
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<tr>
<th>Regiments/Troops</th>
<th>Locations</th>
<th>Dates</th>
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Medals & Decorations:______________________________________________

Spouse’s Name (if wife, include maiden name): ________________________

Children’s Names:__________________________________________________

Ancestors or relatives in the Cavalry: ________________________________

REMARKS: (Military highlights, anecdotes, literature published, military organizations, war experience, military education, etc.)

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________________________________________________________________

(Please use the back of this page if you need additional space or add additional pages.)

I AUTHORIZE THE PUBLIC RELEASE OF THIS INFORMATION

__________________________________________________________
/signature

(If you served in the U.S. Cavalry and have not yet filled out this form, please do, so we can add your name to our Cavalry Data Bank. If you have relatives or ancestors who served in the U.S. Cavalry, please fill out this form so we can add their names to our Cavalry Data Base.)