

**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

CAVALRY UNITS ASSIGNED

Regiments/Troops	Locations	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)

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

Please mail this completed form
and any additional papers to the:

I AUTHORIZE THE PUBLIC RELEASE OF THIS INFORMATION

U.S. Cavalry Association
ATTN: USCMRL
3220 N. Jesse Reno St.
El Reno, OK 73036

(signature)

Or email to:
info@uscavalryassociation.org

(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.)