



GABRIEL DUMONT INSTITUTE

of Native Studies and Applied Research

Military Person: Surname: _____		Given names: _____	
Place of Birth: _____	Year of Birth: _____	Year of Death: _____	
Service: WWI <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Special Duty Area <input type="checkbox"/> Peacetime <input type="checkbox"/> Other _____			
Branch of Service: Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Merchant Navy <input type="checkbox"/> Other _____			
Service Unit: <i>i.e. North Shore, Carleton York, CWAC, Names of Ships, Squadrons, etc.</i>			
Areas Served in: <i>i.e. - Canada, High Seas, England, C/E, Korea, SDA (Please name), etc.</i>			
Killed in Action? Yes <input type="checkbox"/> No <input type="checkbox"/> Year of Death <input type="text"/> Where Killed _____			
Was or is a Member of Legion Branch - Name & #: _____			How many years? _____
<u>Information on person submitting form:</u>			
Submitted by (Name): _____		Branch # <input type="checkbox"/> LA # <input type="checkbox"/> Individual <input type="checkbox"/>	
Contact Information: Tel # _____		e-mail _____	
FAX # _____			

Additional Information: Please use the space below and attache an additional sheet of paper if required.
Example - awards for bravery such as VC, DSC, DFC, MC, MM, etc., POW.

Please attach a good quality copy of a photo here if you are mailing the form.

Do not fax.

**A faxed photo will not turn out.
 Do not send original photos as they cannot be returned.
 Ideally, please have the photo scanned and email a digital copy of the photo and this completed sheet of information to:**

veterans@gdins.org

or mail to:

**Métis Veterans Memorial Project
 c/o Gabriel Dumont Institute
 917 22nd Street West
 Saskatoon, SK S7M 0R9**