

DATAFORM

NAME PERKINS WILLIAM M  
(LAST) (FIRST) (MI)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ (ABREV.)

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

WPHONE \_\_\_\_\_

NICKNAME MIKE

COMPANY CO E / 20th INF

PLATOON \_\_\_\_\_

TEAM # \_\_\_\_\_

CALLSIGN BPNS off

ADD. COMPANY \_\_\_\_\_

ADD. PLATOON \_\_\_\_\_

ADD. TEAM # \_\_\_\_\_

ADD. CALLSIGN \_\_\_\_\_

IN COUNTRY 1 / 1 Original member of COE (transferred from 1st Bde/101st Abn)

DEROS 2/10/68

WIA ( ) Y (If yes, use DEROS for medivac date)

DOS 1 / 1

Retired DISCHARGED 9/1/85

MARITAL STATUS M

BY EXECUTION HEREOF, THE UNDERSIGNED AUTHORIZES DANIEL POPE TO DIVULGE THE INFORMATION PROVIDED HEREIN TO ANY AND ALL VETERANS AND ACTIVE DUTY PERSONELL FOR THE SOLE PURPOSE OF LOCATING THE UNDERSIGNED PARTY.

SIGNED William Perkins

DATE 29/1/97

SSN \_\_\_\_\_

SEND TO: LZ DANIEL

( )

IF YOUR LOOKING FOR A BUDDY, ADD KNOWN INFO, SAME AS ABOVE TO THE BACK OF THE FORM OR CALL.