

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 / Original member of CO E (transferred from 1st Bde/101st Abn)
 DEROS 2/10/68
 WIA ()Y (If yes, use DEROS for medivac date)
 DOS 1 /
 DISCHARGED 9/1/85
 MARITAL STATUS M

Retired
 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 M. Perkins

DATE 29/1/197

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.