

DATAFORM

NAME Rapp, Larry A
(LAST) (FIRST) (MI)
ADDRESS ~~XXXX~~
CITY _____
STATE _____ (ABREV.)
ZIP _____
PHONE _____
WPHONE _____
NICKNAME N/A
COMPANY C Co / 75th INF
PLATOON 1
TEAM # 11, 12, 14, 16
CALLSIGN _____
ADD. COMPANY A Co / 75th INF (70-71) B Co / 75th (72-74)
ADD. PLATOON 1
ADD. TEAM # _____
ADD. CALLSIGN _____
IN COUNTRY 28 / 7 / 69
DEROS 28 / 7 / 70
WIA () Y (If yes, use DEROS for medivac date)
DOS / /
DISCHARGED 31 / 7 / 91
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

Larry A. RappDATE 31 / 1 / 97

SSN _____

SEND TO: LZ DANIEL

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