VITAL STATISTICS SHEET

The Association of Graduates maintains a folder ("Cullum File") on every individual who ever attended USMA. This file becomes more important for historical research every year. Completed Vital Statistics Sheets should be submitted by graduates every five years. They are often the only source of information available on a graduate. Their completion and prompt return also insures accurate and current biographical data in the REGISTER OF GRADUATES. Please keep a current Vital Statistics Sheet on file with us. No one has access to your Cullum File without your or the Association Secretary's prior approval.

| Last Na | me | First Name | MI | Title or Rank | Cullum Number/Year | | |
|---|----------------------------|--|-----------------------|---------------------|--------------------------|--|--|
| Residence Address (Street or | | P.O. Box, City, State, Zip Code) | | Place of Birth | (City/State or Country | | |
| Phone Number Current Military Assignment | | Work e-Mail | | Personal E-Mail | | | |
| Curren | t Military Assignment | or Place of Employm | ent; Address | | Phone Number | | |
| P | Father's Name | (Last) | (First) | (MI) | ☐ Father Deceased | | |
| A R E | Father's Date of | f Birth (Month/Day/Y | ear) Place of Birth | (City/State or 0 | Country) | | |
| N T | Mother's Name | (Last) | (First) | (MI) | ☐ Mother Deceased | | |
| S | Mother's Date of | of Birth (Month/Day/Y | Year) Place of Birth | (City/State or C | Country) | | |
| | Parent's Curren | nt Mailing Address | | Phone Nu | mber | | |
| M S A T | Married | Wife's Maiden Name | e (or Husband's Name) | | | | |
| R A I | Single – Widow(er) | If USMA Graduate, | Class | | | | |
| T U S | Divorced | Spouse's Date/Place | Birth | | Date/Place of Marriage | | |
| L | | If Spouse Deceased, List Date and Place of Death | | | | | |
| Name(s) of | Spouse(s) by Previous | s Marriage(s); if USM | A Graduate, Class | If Deceased, List D | ate | | |
| | s who might assist in pame | reparation of memori | al Article Address | | | | |
| | | | | | | | |

| C H I L – D – R – | Full Name | Date & Place of | Date & Place of Birth | | lace of Death | |
|----------------------------------|--|---|-----------------------|--|-------------------------|--|
| E | Full Name | | Relationship | | | |
| | | Employment (cite fir Unit | | Duty | Decoration/Awards | |
| | | | | | | |
| MIL/O STAT | CIV Now on Retired | active duty Rank: I from military Rank: ed/Separated Rank: AR Rank: | Date: Date: | | Civilian Title, if any: | |
| | ry/Civil Education School Years | n Deg/Compl | | School I | Dates Deg/Compl | |
| Phot | phs (Protect for Mailing to Enclosed neous information you m | | | -mail to Archivist@ le (use additional sh | | |
| | | | | | | |

Please either fax (845)446-1685, ATTN: Marilee Meyer, Archivist, or mail the information to: Association of Graduates, ATTN: Marilee Meyer, Archivist, 698 Mills Road, West Point, NY 10996 ~Page 2 of 2~

Signature:

Date: