Name: _____

Name of Fallen Soldier: _____

Personal Information	
Address	Next of Kin
Date of Birth	Location
Religion	Height
Civilian Occupation	Civil Status
Appearance	
Other Information	

Enlistment Information	
Age of Enlistment	Date & Location of Enlistment
Regimental/Service Number	Force
Battalion	Regiment/Unit
Enlisted or Conscripted	Rank
Other Information	

Name: _____

Military Service Information	
Age & Date of Death	**Location**
Circumstances of Death	
Cemetery Name & Location	**Grave Plot Location**
Honours & Awards	
Other Information	

Evaluation   /45

Completed information chart is submitted	5	4	3	2	1	0
Required Primary Sources are submitted	10	8	6	4	2	0

     •Documents have been renamed to describe the document

Memorial is:

⇨is overall well-written	10	8	6	4	2	0
⇨ includes all necessary information	10	8	6	4	2	0
⇨ respectfully pays tribute	5	4	3	2	1	0
⇨ free of mistakes	5	4	3	2	1	0