Please fill out the	e followin	g information as c	completely as you feel con	nfortable o	doing:	
Name:						
Today's date:						
(circle one)	Male	Female				
Address:						
City:			State:	Zip:		
Phone number:						
Email:						
Year of birth:						
Did you work or s	pend tim	e at the Brooklyn	Navy Yard (circle one)?		Yes	No
If so, when (appro	oximate d	dates)?				
What was your po	osition at	the Navy Yard?				

Are you interested in having an interview about your experiences on the Yard recorded?

If you worked on the Yard, please elaborate on the following:
Building you worked in:
Shop Number you worked in or business you worked for:
Ship you served on:
Are there any other people you know that might be interested in speaking with us (please leave names and contact information)?
Please tell us about your time working or serving on the Navy Yard:
Please share a memory with us about your time on the Navy Yard: