USMA CLASS OF 1961 MEMORIAL ARTICLE PROJECT

Memorial Article Questionnaire

Name of Memorial Article Author/Editor: [Who would you like to write the article or

Author/Editor:

/ To	coordinate with your spouse, classmates and close friends in the writing of an article.]								
1	Name:								
12	Address:								
	Telephone Nu	mber:							
	Email Address	3:1							
•	Chie								
Gene	raı Your Full Nar	me:	Cullum No.						
	Next of Kin	Name	Relationship						
		Address							
		City State Zip							
		Phone Number	Email address						
	Have funeral a	arrangements been prearranged?	Yes No						
	If Yes , Name of Funeral Home								
		Point of Contact							
		Address	13.31						
		City State Zip							
		Phone Number	Email address						

If you graduated, the Association of Graduates and the Class Web Site will use your graduation photo from the Howitzer with the article unless you provide another photo.

Do you desire to provide another photo? Yes No

If **Yes**, put a copy of the photo with this document. The photo will be returned to your next of kin by the Association of Graduates (AOG) after the article is published.

Photo included? Yes No

Life before Entering West Point Parents' Names: Places of birth: Father's and mother's occupations and, if living, city and state of residence: Names, addresses and phone numbers of siblings: [Addresses and phone numbers will not be published in the article. This information is requested to assist in obtaining additional information if needed.] Where were you born, where did you grow up? When and where did you graduate from high school? Did you attend a college or university before West Point? If yes, where, how long, and degree(s): Is there any military tradition in your family? If yes, please explain/describe. Are any relatives service academy graduates? (Include name, relationship, class, and academy.)

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Military service prior to entering West Point? Yes No If yes, please describe:

Names and a life before W	ddresses of any relatives, bosses or close friends who can provide input 'est Point:
200	
s a Cadet What compar	ny(ies) were you in?
6	
Positions hel	d as a cadet:
Who were yo	our roommates?
List names an	nd addresses of other close cadet friends, teammates, club members, etc
	ar activities or accomplishments while at West Point:

the Se	arvica
Review	your career summary in the current Register of Graduates and Former Cadets, Un
States M	<i>ilitary Academy</i> . If it is not current, please list the items below that should be add
73	
Please m	ention any aspect of your military career that you would like highlighted in the ar
	·— /
and knev in the ar	rovide names, address, and telephone numbers of several people who served with a you well while on active duty. [Addresses and phone numbers will not be publisticle. This information is requested to assist in obtaining additional information if
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and knevin the armored in the armore	w you well while on active duty. [Addresses and phone numbers will not be publisticle. This information is requested to assist in obtaining additional information if

Did you Retire?	or Resign?	Year you left Active Duty
If you resigned, did leaving Active Duty		military service in the Reserve or National Guard
If yes, please give pa	articulars of service	such as, assignments, schools, awards/decoration
(国籍)		
If you have a biograp	phical sketch or res	ume, please include a copy with this questionnai
Included? Yes No		
Did you attend gradu	uate or other school	ing after leaving active duty? Yes No
If yes, where, how lo	ong, and degree(s)	earned:
		1 2 // //
If there are positions company and years I		
		are not included in your resume, please list the p
	ield:	

	est describe you. These will be used to set the tone of
Section 1985	
	of several people who knew you professionally or so not be published in the article. This information is tional information if needed.]
(1) - (1)	
ly	
Marriage date, place, and to whom:	
Children (include married names, if numbers will not be published in the additional information if needed.]	applicable, and present addresses): [Addresses and pe article. This information is requested to assist in obt

Others

would have input: [.	Addresses and phone n	numbers will not be	published in the article. The	
information is reque	ested to assist in obtain	ing additional infor	nation if needed.]	
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Other information?	If possible include so	mething that will he	elp to bring out your lightle	102
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(1) - C	No. of Concession, Name of Street, or other Persons of the Concession, Name of Street, or other Persons of Street,			

Please make at least two copies of this questionnaire. Put the original with your important papers [such as your will], give one copy to your next of kin, and if you desire, send one copy to the Class Tribute Master, Gabe Gabriel:

LTC (Ret) Henmar R. Gabriel 11 Royal Way Dallas, TX 75229-5538

214-361-2472 214-368-5888 fax

gabegabriel@earthlink.net

If you send in a copy, please inform your next of kin, children and/or close friend(s) that a copy is on file with the Class Tributes Master. It will be available to them in their time of need.