

WOMEN VETERANS ROSTER



Mail, scan or fax the completed form to:

CA Women Veterans Roster, P.O. Box 942895, Sacramento, CA 94295-0001

Womenveterans@calvet.ca.gov

Fax: (916) 653-2456

First Name

Last Name

Age

UNDER 21 21-39 40-69 70 AND OVER

Current Mailing Address

Apt#

City

State

Zip Code

County

Telephone Number

Email Address

Branch of Service

Date Entered

/ /

Date Separated/Retired

/ /

Ethnicity

AFRICAN AMERICAN

CAUCASIAN

PACIFIC ISLANDERS

AMERICAN INDIAN OR ALASKAN NATIVE

FILIPINO

OTHER _____

ASIAN

HISPANIC

DECLINE TO STATE

How did you hear about the Roster?