Pre-Interview Form

U.S. Latino and Latina World War II Oral History Project
School of Journalism, University of Texas at Austin

Thank you for taking the time to complete this form. It’s a valuable piece of the historic puzzle we’re compiling. We ask either the Interviewer or a family member completes this form as completely as possible. We appreciate your patience and we hope that we have made it as straightforward and as easy to fill out as possible.

We recommend that this form be completed before the interview session takes place. This will help determine what kind of questions would be best to ask during the interview.

The purpose of the “Pre-Interview Form” is twofold: first, to provide basic information about our interview subjects, in order to facilitate the videotaped interview; and second, to provide some of the essential details in an easily accessible format for future researchers.

Our interviews and the material that accompany them will be housed at the Nettie Lee Benson Latin American Collection and the Center for American History at the University of Texas at Austin. We anticipate that our archives will be used by many researchers, students and others who wish to know more about WWII. The more information we can provide, the more valuable our archive is.

The Project gratefully acknowledges the Shoah Foundation for allowing us to adapt their own pre-interview form, used for Holocaust Survivors, to our own needs.

Name of subject: _________________________ _________________________________________________________
(First)      (Middle)    (Last Name)

Name of Interviewer: ________________ ____________________________________________________________
(First)     (Last Name)

Date of Pre-Interview: ________________ Date of interview: ________________ _________________

Interview Location: _________________________ _________________________________________________________
(City)      (State)

Where did the interview take place? (i.e. the subject’s home, a veteran’s hall, etc.) ___________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
SUBJECT INFORMATION

Subject’s Home Address: __________________________________________________________
(Street Address)
__________________________________ _________________________________________
(City) (State) (Postal Code) (Country)

Home Telephone Number: _________________________________________________________

Cell Phone Number: _____________________________________________________________

E-mail Address: _________________________________________________________________

Given Name: ____________________________ (First) ____________________________ (Middle)
(Last)

Have you ever used another name? (i.e. maiden name or nickname) Please list and explain.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date of Birth: ____________________________

Place of Birth: ____________________________
(Nearest City) (State) (Country)

What languages did you speak growing up?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
# Pre-Interview Form

## EDUCATION

Please include all levels of education completed throughout your lifetime.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Level of School (elementary, secondary, etc.)</th>
<th>Type of School (Public, Private, Religious, etc.)</th>
<th>City or Town</th>
<th>Country</th>
<th>Years of attendance</th>
<th>Degree or Certificate Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_____ yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_____ no</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_____ yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_____ no</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_____ yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_____ no</td>
</tr>
</tbody>
</table>

Were you a student when the U.S. entered WWII? _____ Yes _____ No

If so, what were your academic goals? _______________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

If not, what were your professional goals? ______________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

**PRIMARY OCCUPATIONS**

Please list the jobs or positions you’ve held.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Name of Company</th>
<th>Position Held</th>
<th>Was this a family business?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-WWII</td>
<td></td>
<td></td>
<td>_____ yes</td>
</tr>
<tr>
<td>Wartime</td>
<td></td>
<td></td>
<td>_____ yes</td>
</tr>
<tr>
<td>Post-WWII</td>
<td></td>
<td></td>
<td>_____ yes</td>
</tr>
</tbody>
</table>

**POLITICAL IDENTITY**

Before WWII, did you identify with a political party or were you a member of any political movements?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

After WWII, did you identify with any political party or were you a member of any political movements?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
CIVIC INVOLVEMENT

Before WWII, did you belong to any organizations, clubs, etc.? (i.e. church organizations, civic groups, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

After WWII, did you belong to any organizations, clubs, etc.? (i.e. church organizations, veteran’s groups, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Did your family attend church before the war? _______ Yes ________ No
If so, how often?   __________________________________________________________________________________________

Name of the Church: _____________________________________________ Type of church: ___________________

Location of the church: __________________________________________
(City or Town) ____________________________ (State) ____________________________ (Country)

Did you resume attending church after the war? _______ Yes ________ No

What were your activities and interests before the war? (i.e. sports, hobbies, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Which radio stations did you listen to? __________________________________________________________________

Do you recall any favorite songs or performers? _____________________________________________________________

What magazines or newspapers did you read? ________________________________________________________________
Pre-Interview Form

Did you serve in the Civilian Conservation Corps? _____ Yes _____ No

Did you participate in the National Youth Administration? _____ Yes _____ No

If yes, what was the name of the camp or program? ______________________________________________________

Dates participated: __________________________________________________________________________________

Location participated: ________________________________________________________________________________

What work did you do? _______________________________________________________________________________
________________________________________________________________________________________________

During WWII, did you join in any efforts on the homefront? (i.e. scrap-metal collection, civil defense, etc.)

_____ Yes _____ No

If so, which? _____________________________________________________________________________________
________________________________________________________________________________________________

MILITARY SERVICE

Did you serve in the military? _____ Yes _____ No

Do you have a copy of your discharge papers? _____ Yes _____ No

If yes, please include a copy for our archives with your forms.

If not, please complete the “Summary of Military Service” form.

Where were you when the war ended? __________________________________________________________________________________________________

Did you return to your hometown after the war? _____ Yes _____ No

If so, when? __________________________________________________________________ How long did you stay? ____________________________________________________________________
FAMILY BACKGROUND—FATHER

Father’s Name: ______________________________________________________________________________________

(First) _____________________________ (Middle) _____________________________ (Last) _____________________________

Biological father: _____ Step-father: _____ Adoptive father: _____ Other (please explain): ________________________

Did this person go by any other name? (i.e. nickname, Anglicized name, etc.) Please list and explain.

__________________________________________________________________________________________________

Date of Birth: ______________________________ Place of Birth: _____________________________________________

Date of Death: _____________________________ Place of Death: _____________________________________________

Cause of death: _____________________________________________________________________________________

Highest level of education obtained: ___________________________________________________________________

(Grade) _____________________________ (Name of School) _____________________________ (Year) _____________________________

PRIMARY OCCUPATIONS

Please list the jobs or positions your father held.

<table>
<thead>
<tr>
<th></th>
<th>Occupation</th>
<th>Name of Company</th>
<th>Position Held</th>
<th>Was this a family business?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-WWII</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>yes (__), no (____)</td>
</tr>
<tr>
<td></td>
<td>Wartime</td>
<td></td>
<td></td>
<td>yes (<strong><strong>), no (</strong></strong>)</td>
</tr>
<tr>
<td></td>
<td>Post-WWII</td>
<td></td>
<td></td>
<td>yes (<strong><strong>), no (</strong></strong>)</td>
</tr>
</tbody>
</table>
Pre-Interview Form

CIVIC INVOLVEMENT

Before WWII, did your father belong to any organizations, clubs, etc.? (i.e. church organizations, civic groups, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

After WWII, did your father belong to any organizations, clubs, etc.? (i.e. church organizations, veteran’s groups, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

MILITARY SERVICE

Did your father serve in the military? _____ Yes _____ No

If so, please fill out this chart.

<table>
<thead>
<tr>
<th>Branch</th>
<th>Years in Service</th>
<th>Division/Battalion/Company Assignments</th>
<th>Geographic Assignment</th>
<th>Final Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
POLITICAL IDENTITY

Before WWII, did your father identify with a political party or was he a member of any political movements?
______________________________________________________________
______________________________________________________________
______________________________________________________________

After WWII, did your father identify with any political party or was he a member of any political movements?
______________________________________________________________
______________________________________________________________
______________________________________________________________

RELIGIOUS IDENTITY

Before WWII, was your father a member of a church? _____ Yes _____ No
If so, what religion did he consider himself? ____________________________________________________________

After WWII, was your father a member of a church? _____ Yes _____ No
If so, what religion did he consider himself? ____________________________________________________________
FAMILY BACKGROUND—MOTHER

Mother’s Name: ____________________________________________________________________________________
(First)   (Middle)   (Last)

Biological mother: _____ Step-mother: _____ Adoptive mother: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth:  ______________________________ Place of Birth: ___________________________________________

Date of Death: _____________________________ Place of Death: ___________________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ________________________________
(Grade)     (Name of School)     (Year)

PRI MARY OCCUPATIONS

Please list the jobs or positions your mother held.

<table>
<thead>
<tr>
<th></th>
<th>Occupation</th>
<th>Name of Company</th>
<th>Position Held</th>
<th>Was this a family business?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-WWII</td>
<td></td>
<td></td>
<td></td>
<td>_____ yes _____ no</td>
</tr>
<tr>
<td>Wartime</td>
<td></td>
<td></td>
<td></td>
<td>_____ yes _____ no</td>
</tr>
<tr>
<td>Post-WWII</td>
<td></td>
<td></td>
<td></td>
<td>_____ yes _____ no</td>
</tr>
</tbody>
</table>
Pre-Interview Form

CIVIC INVOLVEMENT

Before WWII, did your mother belong to any organizations, clubs, etc.? (i.e. church organizations, civic groups, etc.)

__________________________________________________________________________________________________
__________________________________________________________________________________________________

After WWII, did your mother belong to any organizations, clubs, etc.? (i.e. church organizations, veteran’s support groups, etc.)

__________________________________________________________________________________________________
__________________________________________________________________________________________________

POLITICAL IDENTITY

Before WWII, did your mother identify with a political party or was she a member of any political movements?

__________________________________________________________________________________________________
__________________________________________________________________________________________________

After WWII, did your mother identify with any political party or was she a member of any political movements?

__________________________________________________________________________________________________
__________________________________________________________________________________________________

RELIGIOUS IDENTITY

Before WWII, was your mother a member of a church? _____ Yes _____ No
If so, what religion did she consider herself? ____________________________________________________________

After WWII, was your mother a member of a church? _____ Yes _____ No
If so, what religion did she consider herself? ____________________________________________________________
Pre-Interview Form

SI BLINGS

How many brothers did you have? _____  How many sisters did you have? _____

Did you grow up speaking Spanish? _____ Yes _____ No

Did you grow up speaking English? _____ Yes _____ No

Comments:
______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
Sibling 1

Name: _________________________________________________________  Gender: _____ Female _____ Male

Full sibling: ___  Half Sibling: ___  Step-sibling: ___  Adopted sibling: ___  Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: ____________________________________

Date of Death: _____________________________  Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ________________________________________________________________

(Grade)     (Name of School)     (Year)

Primary Occupation: __________________________________________  Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: ____________________________________________  Name of Company: _________________________________

Did this person serve in the military?   ___ Yes   ___ No

If so, please list the details of their service: ________________________________________________________________

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Sibling 2

Name: _________________________________________________________ Gender: _____ Female _____ Male

Full sibling: ___ Half Sibling: ___ Step-sibling: ___ Adopted sibling: ___ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ___________________________________________________________________
(Grade) (Name of School) (Year)

Primary Occupation: ____________________________ Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? ___ Yes ___ No

If so, please list the details of their service: __________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Pre-Interview Form

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Pre-Interview Form

Sibling 3

Name: _________________________________________________________ Gender: _____ Female _____ Male

Full sibling: ___ Half Sibling: ___ Step-sibling: ___ Adopted sibling: ___ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ______________________________________

Date of Death: _____________________________ Place of Death: ______________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: _____________________________________________________________

(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military?    ____ Yes    ____ No

If so, please list the details of their service: ______________________________________________________

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Pre-Interview Form

Sibling 4

Name: _________________________________________________________ Gender: _____ Female _____ Male

Full sibling: _____ Half Sibling: _____ Step-sibling: _____ Adopted sibling: _____ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ___________________________________________________________________
(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: ______________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Pre-Interview Form

Sibling 5

Name: _________________________________________________________ Gender: _____ Female _____ Male

Full sibling: _____ Half Sibling: _____ Step-sibling: _____ Adopted sibling: _____ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: _____________________________________________________________
(Grade) (Name of School) (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: __________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

_
Sibling 6

Name: ____________________________________________________________  Gender: _____ Female    _____ Male

Full sibling: ___  Half Sibling: ___  Step-sibling: ___  Adopted sibling: ___  Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: ____________________________________

Date of Death: _____________________________  Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: (Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________  Was this a family owned business? ___ Yes    ___ No
  (Occupation)

Title: ____________________________________________  Name of Company: _________________________________

Did this person serve in the military?    ___ Yes    ___ No

If so, please list the details of their service: __________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Sibling 7

Name: ____________________________________________ Gender: _____ Female _____ Male

Full sibling: ___ Half Sibling: ___ Step-sibling: ___ Adopted sibling: ___ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: _________________________________________________________________
(Grade) (Name of School) (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ________________________________ Name of Company: ________________________________

Did this person serve in the military? ___ Yes ___ No

If so, please list the details of their service: __________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Pre-Interview Form

Sibling 8

Name: _________________________________________________________ Gender: _____ Female _____ Male

Full sibling: ___ Half Sibling: ___ Step-sibling: ___ Adopted sibling: ___ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ________________________________________________________________
(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military?   ___ Yes   ___ No

If so, please list the details of their service: __________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Pre-Interview Form

Sibling 9

Name: _________________________________________________________ Gender: _____ Female _____ Male

Full sibling: ___ Half Sibling: ___ Step-sibling: ___ Adopted sibling: ___ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: _________________________________________________________________
(Grade) (Name of School) (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: ________________________________

Did this person serve in the military? ___ Yes ___ No

If so, please list the details of their service: ______________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
_________________________________________________________________________________________________
Sibling 10

Name: _________________________________________________________ Gender: _____ Female _____ Male

Full sibling: ___ Half Sibling: ___ Step-sibling: ___ Adopted sibling: ___ Other (explain): ______________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ________________________________________________________________
(Grade) (Name of School) (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? ___ Yes ___ No

If so, please list the details of their service: __________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

___________________________________________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Pre-Interview Form

Marriage Information

Spouse’s Name, including maiden name: _________________________________________________________________

Did this person go by any other name? (i.e. nickname, Anglicized name, etc.) Please list and explain.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: _____________________________________

Date of Death: ______________________________  Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Marriage Date: ______________________________  Place of Marriage: _________________________________

Highest level of education obtained: ______________________________________________________________________

(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________  Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military?      _____ Yes      _____ No

If so, please list the details of their service: __________________________________________________________

__________________________________________________________________________________________________
__________________________________________________________________________________________________

Is this person your current spouse?      _____ Yes      _____ No

If not, did you divorce? _____ Yes      _____ No

   If so, when? __________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Marriage Information

Spouse’s Name, including maiden name: _________________________________________________________________

Did this person go by any other name? (i.e. nickname, Anglicized name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: _____________________________________

Date of Death: ______________________________  Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Marriage Date: ______________________________  Place of Marriage: __________________________________

Highest level of education obtained: ________________________________________________________________
(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________  Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military?     _____ Yes      _____ No

If so, please list the details of their service: __________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Is this person your current spouse?     _____ Yes      _____ No

If not, did you divorce? _____ Yes _____ No

If so, when? ____________________________________________
Pre-Interview Form

Marriage Information

Spouse’s Name, including maiden name: _________________________________________________________________

Did this person go by any other name? (i.e. nickname, Anglicized name, etc.) Please list and explain.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: _____________________________________

Date of Death: ______________________________  Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Marriage Date: ______________________________  Place of Marriage: __________________________________

Highest level of education obtained: _________________________________________________________________
(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________  Was this a family owned business? ___ Yes ___ No
(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: __________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Is this person your current spouse? _____ Yes _____ No

If not, did you divorce? _____ Yes _____ No

If so, when? _____________________________________________
Pre-Interview Form

CHILDREN

How many boys did you have? _____ How many girls did you have? _____

Did your children grow up speaking English? _____ Yes _____ No

Did they learn to speak Spanish? _____ Yes _____ No

What is their primary language? _____ English _____ Spanish

Comments:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Pre-Interview Form

Child 1

Name: _____________________________________________________________  Gender: _____ Female  _____ Male

Biological child: _____  Step-child: _____  Adopted child: _____  Other (please explain): _________________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: _____________________________________________

Date of Death: _______________________________  Place of Death: ___________________________________________

Cause of death: _______________________________________________________________________________________

Highest level of education obtained: _________________________________________________________________
(Grade)    (Name of School)    (Year)

Primary Occupation: _______________________________  Was this a family owned business?  ____ Yes    ____ No
(Occupation)

Title: _______________________________  Name of Company: _______________________________

Did this person serve in the military?  ____ Yes    ____ No

If so, please list the details of their service: ____________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Pre-Interview Form

Child 2

Name: _________________________________________________________ Gender: _____ Female _____ Male

Biological child: _____ Step-child: _____ Adopted child: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: _______________________________________

Date of Death: _____________________________ Place of Death: _______________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ____________________________ (Grade) (Name of School) (Year)

Primary Occupation: __________________________________________ Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: __________________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: _____________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
Pre-Interview Form

Child 3

Name: _________________________________________________________ Gender: _____ Female _____ Male

Biological child: _____ Step-child: _____ Adopted child: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _______________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: __________________________________________________________________________________

(Grade) (Name of School) (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: ______________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
Pre-Interview Form

Child 4

Name: _________________________________________________________ Gender: _____ Female _____ Male

Biological child: _____ Step-child: _____ Adopted child: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain. ________________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ________________________________ (Grade) (Name of School) (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: ______________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
Pre-Interview Form

Child 5

Name: _________________________________________________________ Gender: _____ Female _____ Male

Biological child: _____ Step-child: _____ Adopted child: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ________________________________________________________________

(Grade) (Name of School) (Year)

Primary Occupation: ________________________________ Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: ________________________________ Name of Company: ________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: __________________________________________________________

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Pre-Interview Form

Child 6

Name: ____________________________________________________________  Gender: _____ Female  _____ Male

Biological child: _____  Step-child: _____  Adopted child: _____  Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: ____________________________________

Date of Death: _______________________________  Place of Death: ____________________________________

Cause of death: ________________________________________________________________________________

Highest level of education obtained: ________________________________________________________________
(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________  Was this a family owned business? ___ Yes  ____ No
(Occupation)

Title: ____________________________________________  Name of Company: _________________________________

Did this person serve in the military?  ____ Yes  _____ No

If so, please list the details of their service: _________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
Child 7

Name: _________________________________________________________ Gender: _____ Female _____ Male

Biological child: _____ Step-child: _____ Adopted child: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ____________________________ (Grade) ____________________________ (Name of School) ____________________________ (Year)

Primary Occupation: ____________________________ (Occupation) Was this a family owned business? ___ Yes ___ No

Title: ____________________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: ______________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Pre-Interview Form

Child 8

Name: _________________________________________________________  Gender: _____ Female  _____ Male

Biological child: _____  Step-child: _____  Adopted child: _____  Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________  Place of Birth: ____________________________________

Date of Death: _____________________________  Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: _________________________________________________________________
(Grade)     (Name of School)     (Year)

Primary Occupation: ________________________________  Was this a family owned business? ___ Yes  ___ No
(Occupation)

Title: _______________________________________________________________________________________
Name of Company: _____________________________________________________________

Did this person serve in the military?  _____ Yes  _____ No

If so, please list the details of their service: __________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Pre-Interview Form

Child 9

Name: _________________________________________________________ Gender: _____ Female _____ Male

Biological child: _____ Step-child: _____ Adopted child: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _____________________________ Place of Death: ____________________________________

Cause of death: __________________________________________________________________________________

Highest level of education obtained: ____________________ (Grade) ____________________ (Name of School) ____________________ (Year)

Primary Occupation: ____________________________ (Occupation) Was this a family owned business? ___ Yes ___ No

Title: ____________________________ Name of Company: ____________________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: ____________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
Pre-Interview Form

Child 10

Name: ______________________________________ Gender: _____ Female _____ Male

Biological child: _____ Step-child: _____ Adopted child: _____ Other (please explain): ___________________

Did this person go by any other name? (i.e. nickname, Anglicized name, Married name, etc.) Please list and explain.

________________________________________________________________________________________________

________________________________________________________________________________________________

Date of Birth: _______________________________ Place of Birth: ____________________________________

Date of Death: _______________________________ Place of Death: ____________________________________

Cause of death: ________________________________________________________________________________

Highest level of education obtained: ________________________________________________________________

(Grade) (Name of School) (Year)

Primary Occupation: _______________________________ Was this a family owned business? ___ Yes ___ No

(Occupation)

Title: ______________________________________ Name of Company: _________________________________

Did this person serve in the military? _____ Yes _____ No

If so, please list the details of their service: ________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

U.S. Latino & Latina WWII Oral History Project
Revised 3/2009
**Pre-Interview Form**

**GRANDCHILDREN**

THIS SECTION IS OPTIONAL. Please feel free to leave a blank copy of the “GRANDCHILDREN INSERT” with the interviewee. This form may be completed outside of the interview and later attached to the end of this document.

<table>
<thead>
<tr>
<th>Full Birth Name</th>
<th>Current Last Name (if married)</th>
<th>Names of Parents</th>
<th>Country of Birth</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**POST INTERVIEW INFORMATION**

What was the main language spoken in the interview? 

Is the interviewee difficult to understand for any reason? 

If you heard any proper names (people, cities, etc.) during the interview which are unknown to you, please list them here and ask the interviewee to spell them in his/her native language AND/OR the original language of the proper name.

<table>
<thead>
<tr>
<th>WORD/ PROPER NAME (Phonetic Spelling)</th>
<th>DESCRIPTION (If person, relationship to interviewee. If place, please explain and list nearest large city or town.)</th>
<th>INTERVIEWEE’S SUGGESTED SPELLING (Please spell the name in its original language and/or the interviewee’s native language.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pre-Interview Form

INTERVIEWER INFORMATION

Interviewer’s Full Name: ______________________________________________________________________________

Mailing Address: ___________________________________________________________________________________

City: ________________________________________ State: _____________  Zip: ____________

Home telephone number: _____________________________________________________________________________

Cell telephone number: ______________________________________________________________________________

Email Address: ____________________________________________________________________________________

INTERVIEWER’S COMMENTS

This section is for any information, editorial comments, etc., that you would like project directors to know relating to any part of this interview.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

PLEASE RETURN

• This PRE-INTERVIEW FORM,
• The SIGNED RELEASE FORM
• Any PHOTOGRAPHS OR DIGITIZED COPIES OF PHOTOGRAPHS
• and the INTERVIEW VIDEOTAPE to:

The U.S. Latino & Latina WWII Oral History Project
School of Journalism
University of Texas at Austin
Mail Code A1000
Austin, Texas 78712

Phone: (512) 471-1924 Email: latinoarchives@www.utexas.edu

Thank you for helping ensuring the success of the U.S. Latino & Latina WWII Oral History Project. Your time and attention to this questionnaire and your interview are the mainstay of this Project.