

United States Military Service Information

Information requested on this form pertains to the time of military service, not current information. Any person, man or woman, who has served in the military, active or reservist, of the United States is eligible to be honored.

Name of veteran: _____

Address: (at time of service): _____

Next of kin (at time of service): _____

Parent's names: _____

Enlisted ____ Inducted ____ Active ____ Reservist ____ Branch of service: _____

Serial Number: _____

Induction date: _____ Place: _____ Rank: _____

Discharge date: _____ Place: _____ Rank: _____

Units/locations with which served: _____

Metals or awards to which the veteran was entitled or received: _____

Other information you wish to share: _____

Person submitting this information: _____

Relationship to Veteran: _____ Date Submitted: _____

Telephone number: _____ E-mail: _____

Photograph Submitted: Yes ____ No ____ Photograph Donated: Yes ____ No ____

Return photograph to: _____
(Name and address)

Thank you for your service to our county.