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## 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)

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Thank you for your service to our county.