

ASSUMPTION VETERANS MEMORIAL
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VETERAN INFORMATION

NAME: Last _____ First _____ Middle _____

Branch of Service _____ Rank at Discharge _____

Year Entered Service _____ Year Discharged _____

HONORABLE DISCHARGE: Yes No

Medals, Awards, Commendations, etc.: _____

Location(s) of Time Served: _____

Additional Information (Share any Story): _____

Information Provider(Name): _____

Address: _____

Phone: _____ E-Mail Address: _____

Signature: _____

Please include a copy of your DD214 or Discharge Papers