

WATERVLIET VETERAN'S MEMORIAL INFORMATION SHEET

(MAIL FORM TO CITY HALL, ROOM 6, 2 – 15TH STREET, WATERVLIET, N.Y. 12189
OR DROP OFF COMPLETED FORM AT CITY HALL, ROOM 6)

VETERAN'S PERSONAL INFORMATION

Name of Veteran (please print clearly or type)

Last: _____ First: _____ MI: _____

Present Address of Veteran:

Street: _____ City: _____ State & Zip: _____

Veteran's Phone Number (if any) _____

Veteran's Date of Birth (if available): _____

Watervliet Address when Veteran entered service

Street: _____ How long at address (if known): _____

VETERAN'S MILITARY INFORMATION

Branch of Service(circle one): Army Navy Marines Air Force Coast Guard National Guard

War/Conflict: _____

Date Entered Service _____ Date Discharged: _____

Present Status (select one) Active Inactive

Was veteran killed in action? Yes No

Copy of DD214 Attached: Yes No

APPLICANT'S INFORMATION (person completing this form)

Name: _____

Applicant's Address: _____

Applicant's Phone Number _____

Relationship to Veteran: _____

OFFICE USE ONLY

Date Received: _____

Received by Whom: _____

Select one only: Approved Rejected Need More Info

Reason for rejection: _____