

ILION VETERANS MEMORIAL AUDITORIUM

Memorial Application

Name of Veteran _____

| | | | | | |
|---|------|------|-----------|--------------|-------------|
| Branch of Service (Circle One) | NAVY | ARMY | AIR FORCE | MARINE CORPS | COAST GUARD |
|---|------|------|-----------|--------------|-------------|

Is/Was the veteran a resident of the Village of Iliion or surrounding area for at least five years? Yes No

Please check the War served in and indicate dates of service:

| | | | |
|--------------------------|-------------------------|-------------------------------------|--|
| <input type="checkbox"/> | World War I | Eligible Period 4/6/17 - 11/11/18 | |
| <input type="checkbox"/> | World War II | Eligible Period 12/7/41 to 12/31/46 | |
| <input type="checkbox"/> | Korea | Eligible Period 6/27/50 to 1/31.55 | |
| <input type="checkbox"/> | Vietnam | Eligible Period 8/5/64 to 5/7/75 | |
| <input type="checkbox"/> | Persian Gulf | Eligible Period 6/2/90 to present | |
| <input type="checkbox"/> | Peace Time | Eligible Period | |
| <input type="checkbox"/> | Other | | |
| <input type="checkbox"/> | Global War on Terrorism | Eligible Period 3/1/2003 to present | |

Name, Address & Phone Number of Person Submitting Information

NAME: _____ ADDRESS: _____

PHONE: _____

If the submitter is not the Veteran, what is your relationship to the Veteran?

ALL MILITARY SERVICE must be verified by a Military Discharge/DD214 Long Form.

If the veteran's name already appears on a Memorial, please do not submit.

Please return all completed forms to the Village Clerk's Office 49 Morgan Street, Iliion, NY 13357. DD214 Long Form must be included. New names placed on the Memorial each Memorial Day and Veterans' Day. Deadline for receipt of the forms to be added for Memorial Day will be by May 1st and for Veterans' Day, October 1st.