RICHMOND HEIGHTS MEMORIAL LIBRARY

Local Veterans of America's Wars Registration Form

For veterans offering personal information: Please fill in all known information. This information will be added to the Honor Roll as quickly as possible.

Please type or print clearly. Let us know if you would like help completing this form.

Name_____

Address_____

Telephone Number _____

(If the above address is not a Richmond Heights address, where did you live at the time of your active military service?)_____

General Category (check all that apply):

World War I Veteran ____

World War II Veteran ____

Korean War Veteran ____

Vietnam War Veteran ____

Cold War Veteran ____

Operation Desert Storm Veteran ____

Operation Iraqi Freedom Veteran ____

Operation Enduring Freedom Veteran ____

Other (active duty during American police actions in Grenada, Panama, et cetera)

_____

Branch of Service _____

Number of Years in Service _____

Dates of Service _____

Highest Rank Attained _____

Where did you do your basic training? _____

Where were you stationed overseas? (Navy personnel and others stationed aboard ship or other vessels, please indicate)

_____

Please name major battles of campaigns in which you participated:

_____

_____

_____

_____

_____

Any special medals, citations or commendations?_____

_____

Name of individual filling out this form, if different from veteran (please print)

_____

Relationship to veteran (spouse, friend, etc.)? _____