



## WESLEYVILLE VETERANS MEMORIAL APPLICATION

Name of Veteran: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Phone number of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

E-mail address of Applicant: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Service number: \_\_\_\_\_

Service medals/awards: \_\_\_\_\_

Veteran's Wesleyville address: \_\_\_\_\_

Resided in Wesleyville from (years): \_\_\_\_\_ to \_\_\_\_\_

Proof of Service attached (Form DD-214 or equivalent): \_\_\_\_\_

Obituary attached: Yes \_\_\_\_\_ No- still living \_\_\_\_\_

If deceased, where is Veteran buried? \_\_\_\_\_

City/State of Cemetery: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return to: Wesleyville Veteran's Memorial Committee  
American Legion Post 571 1917 Eastern Avenue, Wesleyville, Pa.  
16510**