

DOWNTOWN VETERANS "PILLAR" MEMORIAL APPLICATION

VETERAN INFORMATION:

First Name _____ Middle Initial _____

Last Name _____ Jr., Sr., III, _____

Print exactly how you want the "name" to be shown on the Veteran Pillar:

CONTACT INFORMATION (Provide name if other than Veteran)

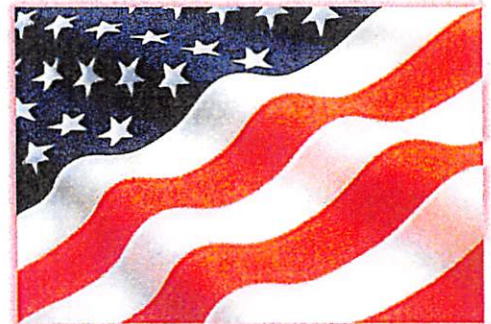
Name: _____ Phone () _____

Mailing Address _____ City _____ ST _____ ZIP _____

A Veteran is eligible to have their name on a war memorial pillar if they served in the military during the dates indicated for each. Duty need not be in the combat area or in-country to qualify as a war-era veteran.

Check ALL That Apply:

- | | |
|---|---------------------------|
| <input type="checkbox"/> POW/KIA | 06 Apr 1917 - 11 Nov 1918 |
| <input type="checkbox"/> World War I | 07 Dec 1941 - 31 Dec 1946 |
| <input type="checkbox"/> World War II | 22 Jun 1950 - 31 Jan 1955 |
| <input type="checkbox"/> Korean War | 28 Feb 1961 - 07 May 1975 |
| <input type="checkbox"/> Vietnam War | 02 Aug 1990 - Present |
| <input type="checkbox"/> Persian Gulf War | On-Going |
| <input type="checkbox"/> Desert Shield | On-Going |
| <input type="checkbox"/> OIF/OEF | |
| <input type="checkbox"/> Other _____ | |



The following documentation is required with each application:

- DD-214 {Copy} Proof of Residency {Utility/Property Bill} Casualty Report for MIA/KIA

I do hereby certify that the information provided herein is true and correct to the best of my knowledge:

X _____
Signature

State of _____ }

County of _____ }

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

X _____
Notary Public

My Commission Expires: _____

FOR FURTHER INFORMATION, CONTACT:

Ben Welch (505) 863-1275

City of Gallup, Community Services Coordinator

110 W. Aztec Ave., Gallup, New Mexico 87301

P. O. Box 1270-87305