

Veteran's Monument Committee

638 Ridge Road
Lackawanna, New York 142.18

Date: _____

Name of Requester: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. : _____

Cost per Name: _____ \$150
enclosed: _____

Name as you would like it to appear on the Monument (Please Print Clearly)

(Location is for office use only)

Name: _____

Branch of Service: _____ Location: _____

Name: _____

Branch of Service: _____ Location: _____

Name: _____

Branch of Service: _____ Location: _____

Name: _____

Branch of Service: _____ Location: _____

*To have a name inscribed on the monument is a COPY of a Honorable Discharge
and/or a DD214 submitted with this form*