**Veterans Memorial Honor Roll Roster**

**Submission Form**

**This honor roll recognizes veterans of all wars that were at one time or are residents of the 17961 zip code.**

***Please PRINT clearly.***

|  |  |  |  |  |  |  |  |  |
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|       |  |       |  |       |  |       |  |       |
| **First Name** |  | **Middle Initial (s)** |  | **Maiden Name** |  | **Last Name** |  | **Suffix** |
|       |  |       |  |       |  |       |
| **Military Service Rank/Rating** |  | **Unit*/Ship/Organization of Assignment*** |  | **Start Date of Service** |  | **End Date of Service:** |
|  |       |  |
|  | **War/Conflict(s) Name *(If Applicable, please list in order)*** |  |
|  |       |  |
|  | **Awards/Decorations** |  |
|  |

**We may need to contact you regarding the above information.**

**Will you please complete the information below?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Contact Person:** |  |       |  |  |  |  |
| **Contact Phone:** |  |       |  | **Best time to call:** |  |       |  |
| **Contact Information – Address:** |  |       |  |  |
|  |  |       |  |  |
|  |  |       |  |  |

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| **AFTER YOU HAVE COMPLETED THIS FORM, PLEASE DO ONE OF THE FOLLOWING:**1. Drop off at the Orwigsburg Borough Hall Reception Desk; or
2. **Mail to**:

**Mr. Robert Williams****Orwigsburg Borough Manager****Orwigsburg Borough Hall****209 N Warren Street # 1****Orwigsburg, PA 17961**1. Or, e-mail to: **memorial@orwigsburg.net**
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