**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.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  |  |  |  |  |  | | |  |  | |
| **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**](mailto:memorial@orwigsburg.net) |