

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.

Middle Initial (S)	waiden name	Last Name	Suttix
Unit/Snip/Urganization of Assignment		Start Date of Service	End Date of Service:
War/Conflict(s) Nam	ne (If Applicable, please list in	order)	
A	wards/Decorations		
		Best time to call:	
	War/Conflict(s) Nam Avay need to contact y Will you please con	War/Conflict(s) Name (If Applicable, please list in Awards/Decorations ay need to contact you regarding the ab	War/Conflict(s) Name (If Applicable, please list in order) Awards/Decorations ay need to contact you regarding the above information. Will you please complete the information below? Best time to call:

AFTER YOU HAVE COMPLETED THIS FORM, PLEASE DO ONE OF THE FOLLOWING:

- Drop off at the Orwigsburg Borough Hall Reception Desk; or
- Mail to:

Mr. Robert Williams **Orwigsburg Borough Manager Orwigsburg Borough Hall** 209 N Warren Street # 1 Orwigsburg, PA 17961

3. Or, e-mail to: memorial@orwigsburg.net

P.O. BOX 157 • ORWIGSBURG, PA 17961