

WALL OF HONOR HONOREE FORM

Please provide as much information as you can about the honoree.

Date: _____

Legal name of honoree:

First: _____ Middle: _____ Last: _____

Name of honoree as it should appear on the Wall of Honor (One line, 21 characters. Spaces count, No Punctuation.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

When did honoree live in Washington County? _____

Did honoree die during time in the service? No Yes If yes, when? _____

Honoree's military service number: _____

Branch of military service?

Army Navy Air Force Marines Coast Guard Merchant Marines

Enlistment date: _____ Discharge date: _____

Name of person submitting form if other than honoree: _____

Telephone number: (_____) _____

Home street address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Commitment to Protecting Your Privacy

We appreciate your assistance with this important project. Protecting your privacy and the privacy of all honorees is very important to us. We do not sell or exchange names or any other personally identifying information.

The Veterans Tribute Plaza associates will only contact you if needed in the normal course of verifying information for accuracy.

If you have questions or concerns regarding this statement, please feel free to contact the Veterans Tribute Plaza, 218 South 16th Street, Blair, NE 68008.

Please return this form to:

Veterans Tribute Plaza
218 South 16th Street
Blair, NE 68008

Questions: vpt@huntel.net or call
402-426-6224