

Bethlehem Township Veterans Memorial Application

Mail completed form to: Veterans Memorial, PPIS Division 4225 Easton Avenue, Bethlehem, PA 18020

Name: _____
(Print)

Maiden Name: _____
If applicable (Print)

Current Mailing Address _____
Street

City State/Zip

Address at time of Service _____
Street name only
Bethlehem (Township) Pa _____

Phone: _____ Phone: _____

Best time and method to be contacted: _____

E-mail: _____

Dates served: _____

Branch:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Marines | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Reserves |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Merchant Marine (WWII) |

Proof of Service

Documentation: _____

Acceptable forms: DD214 or other governmental equivalent discharge document
Dishonorable discharge voids ability to be recognized.

I declare to the best of my knowledge and belief the above information is correct.

(Applicant Signature)

(Date)

I attest that the individual listed above is in fact _____ and

I have known him or her for a period of _____ Years

(Witness Name)

(Date)