



****WAR TIME VETERANS ONLY MAY APPLY****

APPLICATION FOR VETERANS TO BE HONORED AT THE GARY BEIKIRCH VETERANS WAR MEMORIAL AT THE NEW GREECE TOWN HALL

APPLICATION DEADLINE: OCTOBER 31, 2012
NAMES WILL BE DEDICATED ON MEMORIAL DAY, 2013.

***A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH VETERAN**

****A COPY OF HONORABLE DISCHARGE FORM DD-214 OR EQUIVALENT MUST BE ATTACHED OR APPLICATION WILL BE RETURNED**

Please read the instructions on the reverse side of this application for clarification in completing this application. Instructions for each question on this application are explained fully.

1. FULL NAME OF VETERAN: (Please Print or Type)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. In the squares provided above, place the name of Veteran, EXACTLY as you would like it to appear on the memorial. (22 CHARACTER MAXIMUM)

3. Is this Veteran currently _____ Living _____ Deceased _____ Died in Conflict

4. If Living, does this Veteran currently reside in the Town of Greece _____ YES _____ NO

5. Greece address where Veteran currently resides: _____
Number of years at this address _____
Property Owner's Name _____

6. If living OR deceased, list any other Town of Greece address(s) where the Veteran resided, the Property Owner's Name, (if not owned by the Veteran him/herself), and number of years at each address:

Address	Property Owner's Name	# Years There
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If any of the above property owners' last names differ from the Veteran's, please explain the Veteran's relationship to property owner:

8. During which War or Conflict did the Veteran serve:

9. NAME AND ADDRESS OF PERSON MAKING APPLICATION:

_____ Phone (Work) _____
 _____ Phone (Home) _____

10. Your Relationship to this Veteran

11. Should you have questions concerning completion of the form please call Kathryn Firkins at 225-2000. Return your completed application and copy of your separation papers to the following address: KATHRYN FIRKINS, TOWN OF GREECE, CONSTITUENT SERVICES, 1 VINCE TOFANY BLVD., GREECE, NEW YORK, 14612