

# VETERANS WALL INTAKE FORM

PLEASE PRINT CLEARLY

Today's Date: \_\_\_\_\_ Intake staff's name: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

( )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Branch of service (check one):  US ARMY  USN  USMC  USCG  USAF

Years of active service: (example 1945 – 1949):

–

Are you a current active military personnel? (Check one):  Yes **If yes, please see below**  No

If you submitted your loved one's name, is he/she deceased?  Yes  No

**PLEASE NOTE:** The Veterans Wall criteria is as follows:

- Be a Carson resident now or were at the time of duty \_\_\_\_\_ VERIFIED Staff Initials
- Have completed and submitted a copy of your DD 214 or other certification of service \_\_\_\_\_ Staff Initials
- Filled out and submitted the Veterans Wall Intake Form \_\_\_\_\_ Staff Initials
- **Active military members are not eligible to be added to the wall** \_\_\_\_\_ Staff Initials

OFFICE USE ONLY

Must have at least one verification listed below:

Verification Attached: DD 214: \_\_\_\_\_ Honorable Discharge: \_\_\_\_\_ Other: \_\_\_\_\_

Correspondence sent: Verification letter: \_\_\_\_\_ Invitation letter: \_\_\_\_\_ Other: \_\_\_\_\_

1005/1209

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