

**APPLICATION TO ADD A NAME
TO THE SOUTH EUCLID
WAR MEMORIAL**

APPLICANT INFORMATION:

Name _____

Address _____

Phone # _____ Fax # _____

VETERAN INFORMATION:

Name _____

Date of Service _____

Wars Served In _____

Signature of Applicant

PLEASE ATTACH TO THIS APPLICATION:

1. RECORD THAT THE VETERAN SERVED IN THE MILITARY DURING A TIME OF WAR AND HAD AN HONORABLE DISCHARGE FROM THE MILITARY
2. DOCUMENTATION SHOWING THAT THE VETERAN LIVED IN SOUTH EUCLID AT THE TIME THEY SERVED IN THE MILITARY