

VETERAN PARK AND MEMORIAL APPLICATION

VETERAN INFORMATION

First Name _____ MI _____

Last Name _____ (Jr, Sr, III) _____

Print exactly how you want name to be shown on Veteran Pillar:

CONTACT INFORMATION {provide name if other than Veteran}

NAME _____

MAILING ADDRESS _____

City _____ State _____ Zip _____

Phone Number () _____

A Veteran is eligible to have their name on a war memorial pillar if they served in the military during the dates indicated for each. Duty need not be in the combat area or country to qualify as a war-era veteran.

Check All That Apply

- | | |
|---|-------------------------|
| <input type="checkbox"/> MIA/KIA | |
| <input type="checkbox"/> World War I | 6 Apr 1917-11 Nov 1918 |
| <input type="checkbox"/> World War II | 7 Dec 1941-31 Dec 1946 |
| <input type="checkbox"/> Korean War | 25 Jun 1950-31 Jan 1955 |
| <input type="checkbox"/> Vietnam | 28 Feb 1961-7 May 1975 |
| <input type="checkbox"/> Persian Gulf War | 2 Aug 1990 to Present |
| <input type="checkbox"/> Desert Shield | On-going |
| <input type="checkbox"/> OIF/OEF | On-going |
| <input type="checkbox"/> Other _____ | |



The following documentation is required with each application

DD-214 Proof of Residency Casualty Report MIA/KIA

I do hereby certify that the information provided herein is true and correct to the best of my knowledge:

_____.

State of _____ }

County of _____ }
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The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by

My Commission expires: _____

 NOTARY PUBLIC

For Further information contact:

Lisa Baca Diaz, Veteran Memorial and Park, Committee Member, (505) 979-1450

Mail to: City of Gallup, Planning Dept., PO Box 1270, Gallup, NM 87305, Attn: Lisa Baca Diaz