

# WALL OF HONOR HONOREE FORM

*Please provide as much information as you can about the honoree.*

Date: \_\_\_\_\_

Legal name of honoree:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Name of honoree as it should appear on the Wall of Honor (One line, 21 characters. Spaces count, No Punctuation.)

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When did honoree live in Washington County? \_\_\_\_\_

Did honoree die during time in the service?  No  Yes If yes, when? \_\_\_\_\_

Honoree's military service number: \_\_\_\_\_

Branch of military service?

Army  Navy  Air Force  Marines  Coast Guard  Merchant Marines

Enlistment date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Name of person submitting form if other than honoree: \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Home street address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

## **Commitment to Protecting Your Privacy**

*We appreciate your assistance with this important project. Protecting your privacy and the privacy of all honorees is very important to us. We do not sell or exchange names or any other personally identifying information.*

*The Veterans Tribute Plaza associates will only contact you if needed in the normal course of verifying information for accuracy.*

*If you have questions or concerns regarding this statement, please feel free to contact the Veterans Tribute Plaza, 218 South 16<sup>th</sup> Street, Blair, NE 68008.*

**Please return this form to:**  
Veterans Tribute Plaza  
218 South 16<sup>th</sup> Street  
Blair, NE 68008

**Questions:** City of Blair (402) 426-4191