

# ***MEDFORD VETERANS MEMORIAL MEMORIAL NAME STONE APPLICATION***

The Memorial Name Stones are offered to anyone that wants to honor a Veteran. The Veterans name and branch of service will be engraved in the stone.

The Medford Veterans Memorial is not exclusive to only those who have lived or currently live in the City of Medford. America's veterans will be remembered as fighting as one Nation. The Medford Veterans Memorial will be representative of that same spirit. To have a Veteran recognized, please fill out this application and submit to the City of Medford. All applications must have a copy of the Veterans form DD214 or other proof of honorable service.

Name of Veteran (Name to be recognized): \_\_\_\_\_

Branch of Service (Branch to be recognized): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Rank of Veteran: \_\_\_\_\_

Date of Service, Estimate Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Personal information about Veteran (Family, where he/she served, awards, occupation, etc.)

Attach a brief history if you wish (not to exceed three pages).

Information will be retained for future generations to read and learn about family members in the service of their country.

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Residence: \_\_\_\_\_

If deceased, provide birth place or last permanent address: \_\_\_\_\_

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If Veteran died in Service, when and where: \_\_\_\_\_

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Name, address and relationship of donator to Veteran honored

Name of donor: \_\_\_\_\_

Address and phone: \_\_\_\_\_

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

Relationship to Veteran: (Father/Mother/Child/Friend/etc.) \_\_\_\_\_

\$250.00 per Veteran

Make check payable to: City of Medford c/o Veterans Committee

Mail to: City of Medford  
Attn: Veterans Committee  
or drop off at: 408 SE 2<sup>nd</sup> Ave  
Medford, MN 55049  
507-451-7676



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## **OFFICE USE ONLY**

Date Received:

Amount:

By Whom: