

SAN DIMAS VETERAN MILITARY SERVICE RECORD & APPLICATION FOR THE PERMANENT MONUMENT

This information is desired as a permanent record of your military service. Please type or print your answers clearly. Please attach a copy of your DD2-14 or other discharge documents. Only veterans with Honorable Discharges will be included *If your DD2-14 or other discharge documents are not readily available, we will accept an affidavit confirming your service.*

Family Name	First Name	Middle Name	Serial Number
Date of Birth	Date of Entry	Date of Discharge	Rank at Discharge

Branch of Service: (Check all that apply):

<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Army Air Corps.
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Merchant Marine
<input type="checkbox"/> National Guard	<input type="checkbox"/> Navy	<input type="checkbox"/> Other _____

Era of Service: (Check all that apply):

<input type="checkbox"/> Spanish American War	<input type="checkbox"/> Cold War	<input type="checkbox"/> Persian Gulf War
<input type="checkbox"/> World War I	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Afghanistan
<input type="checkbox"/> World War II	<input type="checkbox"/> Grenada Campaign	<input type="checkbox"/> Iraq
<input type="checkbox"/> Korean Conflict	<input type="checkbox"/> Panama Campaign	<input type="checkbox"/> Other _____

Theater of Operation: (Check all that apply):

<input type="checkbox"/> Asiatic-Pacific	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Persian Gulf
<input type="checkbox"/> China-Burma-India	<input type="checkbox"/> Grenada	<input type="checkbox"/> Afghanistan
<input type="checkbox"/> European	<input type="checkbox"/> Panama	<input type="checkbox"/> Iraq
		<input type="checkbox"/> Other _____

Military Organizations or Ship(s): _____

Engagements: _____

Specific Countries of Service: _____

Citations Earned: _____

Specific Countries of Service: _____

Wounded in Service: (Date & Campaign): _____

Prisoner of War: (Date, Prison(s), Date of Release): _____

Death: (Date, Place, Circumstances): _____

Remarks: _____

(If more space is required, please use reverse side of this sheet)

Submitted by:

Name: _____

Address: _____

Phone: _____

Email: _____

Check here if you would like to be updated on program's progress via email

Relationship to Veteran: _____

If Veteran is Deceased

San Dimas Address _____

Years of Residency _____

Please mail this form to: San Dimas H.E.R.O.E.S.
P.O. Box 4216
San Dimas, CA 91773

Please check here if you are willing to have this information published in local newspaper articles or on our website