

SAN DIMAS VETERAN APPLICATION FOR INCLUSION ON PERMANENT MONUMENT

PLEASE NOTE: Effective AUGUST 1, 2011 - A charge of \$50 per name goes into effect and names received after this date will not be included in Phase 1 of the monument's construction. Phase 2 is expected to be completed by June 14, 2012.

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 DD214 or equivalent discharge documents ("Honorable Discharge" certificates will NOT be accepted). Applications for the DD214 are available through our website - www.sandimasheroes.org. Click the "Links" button, and then click "Obtain Military Records." Only veterans who were discharged under Honorable Conditions will be included.

PLEASE NOTE: If there is any information on your DD214 (i.e. Social Security #) that you do not want us to see, please block it out.

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 _____

San Dimas Veterans who paid the ultimate sacrifice will receive special recognition. Please provide us with the pertinent information:
(Date, Place, Circumstances): _____

Submitted by:

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Relationship to Veteran: _____

 Signature

Date: _____

If Veteran is Deceased or no longer a San Dimas Resident

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

Any questions? Please call 909.677.9557

Please make checks payable to San Dimas Community Foundation / Heroes Fund

Visa/Mastercard # _____ Exp. _____

Signature: _____