

VETERANS MEMORIAL MARKER Request Form

GENERAL: THIS FORM IS TO BE USED TO REQUEST A MEMORIAL MARKER FOR A DECEASED VETERAN OF THE ARMED SERVICES.

CRITERIA: THE FOLLOWING INFORMATION WILL BE USED TO HELP DETERMINE THE ELGIBILITY OF AN INDIVIDUAL:

1. SERVED, WITH HONOR, IN A BRANCH OF THE US ARMED SERVICE.
2. BE DECEASED.
3. THE PERSON MAKING THE REQUEST MUST BE A **DAWSON COUNTY TAX PAYER**.
4. PRESENTATION OF OFFICIAL DOCUMENTATION OR OTHER EVIDENCE ACCEPTABLE TO THE SELECTION COMMITTEE OF THE VETERANS ELGIBILITY.

COSTS: A ONE-TIME DONATION OF \$75.00 IS REQUESTED FOR EACH MARKER TO ASSIST IN DEFERRING THE MARKER AND AMERICAN FLAG COSTS.

REQUIRED INFORMATION: (PLEASE PRINT OR TYPE)

1. **NAME:** _____ KIA
(AS TO BE DISPLAYED ON THE MARKER) POW
2. **MILITARY ID NUMBER** _____ MIA
3. **BRANCH (CHECK ONE)**
- | | |
|--|--|
| <input type="checkbox"/> ARMY | 4. WAR/CONFLICT (IF ANY) |
| <input type="checkbox"/> NAVY | <input type="checkbox"/> WWI |
| <input type="checkbox"/> COAST GUARD | <input type="checkbox"/> WWII |
| <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> KOREA |
| <input type="checkbox"/> MARINES | <input type="checkbox"/> VIETNAM |
| <input type="checkbox"/> OTHER (SPECIFY) | <input type="checkbox"/> GRANADA |
| _____ | <input type="checkbox"/> DESERT STORM |
| | <input type="checkbox"/> OTHER (SPECIFY) _____ |
5. **VERIFYING DOCUMENTS:**
- | | |
|---|--|
| <input type="checkbox"/> DD214 | <input type="checkbox"/> DISCHARGE CERTIFICATE |
| <input type="checkbox"/> CERTIFICATE OF SERVICE | <input type="checkbox"/> SEPARATION RECORD |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> NONE |

REQUESTING INDIVIDUAL:

1. **FULL NAME:** _____
2. **ADDRESS:** _____
3. **TOWN:** _____ **STATE:** _____
4. **ZIP CODE:** _____ 5. **PHONE NO:** () _____

TO SUBMIT: SEND THIS FORM WITH SUPPORTING DOCUMENTATION TO:

VETERANS MEMORIAL MARKER FUND, P.O. BOX 1702, DAWSONVILLE, GA 30534

or Email: jcswofford@windstream.net October 8, 2023