

**GREENDALE VETERANS MEMORIAL
APPLICATION FOR KIOSK SUBMITTAL**

Name of person submitting this form: _____

Address, Phone, Email of person submitting this form:

Address: _____

Phone: _____ Email: _____

Name of Person for the kiosk: _____

Branch of the Service(s): _____

Dates Served: _____

Rank/rating: _____

War(s)/Conflicts/Battles (If applicable): _____

Tell story about him/her (150 to 200 word limit please-attach additional sheet if necessary)

Is picture of veteran/service person included? Circle: Yes or No

(Pictures cannot be returned – DO NOT SEND/GIVE original photos)

What is the Greendale Connection? (Example: I graduated from Greendale High School in 1992.)

Please submit to: Gr. Vets. Mem. Comm. – c/o Am. Legion Post 416 – 6351 W. Grange Ave. –
Greendale, WI – 53129

DECISIONS OF VETERANS COMMITTEE FINAL FOR ENTRY INTO KIOSK.

Received on: _____

By: _____

(Form as of 3/2019)

OFFICE USE ONLY:

Vet. Comm. Member _____ Data entered by _____