

Our Living Heritage

Wall of Honor Application

We encourage all applicants to submit a photo of themselves (personal or in uniform).

Veteran's Information

Date: ____ / ____ / ____

Name of Veteran: _____

Branch of Service: _____

Years of Service: _____

War Involvement: _____

Submitting a photo? Yes ____ No ____

Is the Veteran deceased? Yes ____ No ____

If so, please list their birth and death dates _____

Contributor's Information (If Applicable)

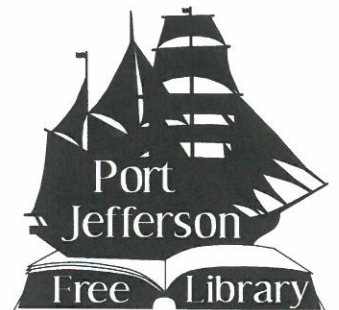
Name: _____

Relationship to Veteran: _____ Phone Number: _____

Veteran Bio:

Librarian's Initials: _____

Date Submitted: ____ / ____ / ____



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