Application for Veterans to be Honored at The DeGlopper Memorial

***A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH VETERAN**

****A COPY OF HONORABLE DISCHARGE FORM DD-214 OR EQUIVALENT AND PROOF OF RESIDENCY MUST BE ATTACHED OR APPLICATION WILL BE RETURNED**

Please read the instructions on the reverse side of this application for clarification in completing this application. Instructions for each question on this application are explained fully.

1. FULL NAME OF VETERAN: (please Print or Type)

   _____

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2. In the squares above, place the name of the Veteran, EXACTLY as you would like it to appear on the memorial. (22 CHARACTER MAXIMUM)

3. Is the veteran currently: (circle one) Living Deceased Died in Conflict

4. If living does the veteran currently live in the Town of Grand Island: YES NO

5. Grand Island address where veteran currently resides
   _____ Number of years at this address: _____
   _____ Property owner's name: _____
   _____

6. If living or deceased, list any other Town of Grand Island address(s) where the veteran resided, the property owner's name and number of years at each address:

Address	Property owner	# years there
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If any of the above property owners' names differ from the veteran's please explain the veteran's relationship to the property owner: _____
   _____

8. During which War or Conflict did the Veteran serve in: (if none mark N/A)
   _____

9. Name, Address and **phone number** of person submitting the application:
   _____
   _____
   _____

10. Your relationship to this veteran:_____

*****The donation for placing the name of a United States Veteran on the wall of honor is $100.00*****
Inscriptions will be added to the wall once each year

Should you have questions concerning completion of the form please email David Castiglia at Castiglia@roadrunner.com

INSTRUCTIONS FOR COMPLETING MEMORIAL APPLICATION

APPLICATIONS MUST HAVE A COPY OF SEPARATION PAPERS (FORM DD-214 OR EQUIVALENT) AND PROOF OF RESIDENCY ATTACHED AT THE TIME OF SUBMITTAL

Question Number Instructions

1. Full name of the Veteran. Complete first name, middle name or initial, and last name, spelled correctly. If a name is misspelled or incomplete and verification of the name cannot be made, the Veteran's name may be held until the following year.

2. You have a maximum of twenty (22) characters for each name. In the squares that are provided, please put one letter per square. Please print clearly or type the letters. **You must use a square for the spaces between first name, middle initial and last name. Also, the period after a middle initial also counts as a square.** See the examples below:
JOSEPH P. SMITH
1 2 3 4 5 6 7 89101112 131415

3. Please circle one.

4. Please circle one.

5. If you answered "YES" to number #4, give the current address, the number of years at that address and the name of the individual(s) whose name appears as the property owner.

6. If the Veteran lived at several different Grand Island addresses, you must list all addresses and the number of years at that address. Also, list the property owner of each location for verification purposes.

7. If the Veteran was not the property owner at any location where he/she lived, explain his/her relationship to the property owner. Perhaps the property owner was a grandparent, aunt, uncle, etc. that the Veteran lived with for a period of time.

8. Please indicate the conflict or war during which time the Veteran served.

9. We need your name, address and phone to contact you should we need clarification of any of the information contained in the application.

10. If you are completing the form for someone other than yourself, please state your relationship to the Veteran for whom you are applying.

I M P O R T A N T: IF ANY INFORMATION ON THIS FORM IS OMITTED OR CANNOT BE VERIFIED, THE APPLICATION MAY BE HELD. AFTER ALL COMPLETED APPLICATIONS HAVE BEEN VERIFIED, IF TIME REMAINS BEFORE OUR DEADLINE, CALLS MAY BE MADE BY DEGLOPPER MEMORIAL BOARD REPRESENTATIVES TO THE APPLICANTS FOR CLARIFICATION OF APPLICATION INFORMATION. IF WE CANNOT MAKE VERIFICATION, THE APPLICATION WILL BE HELD UNTIL THE FOLLOWING YEAR. IN ADDITION, ANY APPLICATIONS RECEIVED BY THE DEGLOPPER BOARD WITHOUT THE REQUIRED HONORABLE DISCHARGE SEPARATION PAPERS (FORM DD-214 OR EQUIVALENT), CANNOT BE CONSIDERED AND WILL BE RETURNED TO THE APPLICANT.

If you can't find your DD-214 you may visit the below web stie and request it:
https://www.archives.gov/veterans/military-service-records/

Payable to: Charles N. DeGlopper Memorial VFW Post 9249

Please mail to: Charles N. DeGlopper Memorial VFW Post 9249
Attn.: Memorial – Honor Wall
2121 Grand Island Blvd.
Grand Island, NY 14072