

HONOR YOUR LOCAL VETERAN
SULPHUR ARMED FORCES COMMITTEE

DATE: _____

VETERAN'S NAME: _____

VETERAN'S PHONE NUMBER: _____

VETERAN'S ADDRESS: _____

BRANCH OF SERVICE: _____

DATES OF SERVICE: _____

SPOUSE'S NAME: _____

OF CHILDREN: _____

OF YEARS IN THIS AREA: _____

SERVICE AWARDS & MEDALS: _____

RATE & RANK AT DISCHARGE: _____

CURRENT EMPLOYMENT STATUS (FULL TIME, PART TIME, RETIRED)

AND EMPLOYER NAME: _____

MEMBER OF ANY CIVIC OR CHURCH GROUPS: _____

BRIEF DESCRIPTION OF MILITARY TOUR OF DUTY: _____

THIS VETERAN IS BEING NOMINATED BY: _____
