



# WARRINGTON TOWNSHIP

852 Easton Road, Warrington, Pennsylvania 18976

Phone: (215) 343-9350 Fax: (215) 343-5944

## VETERANS MEMORIAL WALL APPLICATION

### I. GENERAL INFORMATION:

The Board of Supervisors of Warrington Township wish to honor all Warrington Township military veterans who served our country in a war zone, conflict zone or military action during the time of the conflict and those who were victims of terrorist attacks on US soil.

The Veterans Memorial Wall is located at Igoe, Porter, Wellings Memorial Field at 3095 Bradley Road (off of Folly Road.)

### II. CRITERIA:

Criteria for inclusion on the memorial is a DD Form 214 or equivalent, stating that the Veteran has served in one of the United States Armed Forces, was Honorably Discharged and served our country in a Campaign or Expedition for which a campaign medal has been authorized by the DoD. Any Armed Forces Expeditionary medal or campaign badge, including but not limited to El Salvador, Lebanon, Grenada, Panama, Somalia, Southwest Asia, Bosnia, Yugoslavia and Haiti or future campaigns or be a victim of terrorist attacks on USA soil and the applicant must have maintained residency in Warrington Township for a period not less than ten years. NOTE: Guard and Reserve active duty for training purposes does not qualify.

### III. APPLICATION SUBMISSION:

Anyone may apply for inclusion on the Memorial. Applications can be obtained by stopping by or writing to Warrington Township, 852 Easton Road, Warrington, PA 18976. Criteria for inclusion on the memorial is a DD Form 214, or equivalent, Honorably Discharged and indicating the following:

- . The nominee has served in one of the United States Armed Forces.
- The nominee served our country in a Campaign or Expedition for which a campaign medal has been authorized by the DoD.

Or

- The nominee is a victim of a terrorist attack on USA soil

And

- The nominee has maintained a residence in Warrington Township for not less than 10 years.

Submit names and proper documentation to the Warrington Township Memorial, 852 Easton Road, Warrington, PA 18976

### **Important**

If any information on this application is omitted or cannot be verified, the application may be held until verification can be made. A Township representative may contact the veteran, the applicant or other sources to verify information. If we cannot verify the application, we will hold the application until verification can be made. Names will not be added until a significant number can be completed together. Your application may wait until other names are submitted. The DD Form 214. Report of Separation, is filed in the official Military Personnel file. Certain basic information is needed to locate military service records. This information includes the veteran's complete name used while in service, service number or social security number, branch of service, and dates of service.



**VI. ADDITIONAL INFORMATION:**

If there is any additional information you would like to share, please use the space after Section XI to do so

**VII. EXAMPLES:**

The examples listed below are suggestions.

J O S E P H    P    S M I T H

P       J O S E P H    S M I T H

J O S E P H    P       S M I T H

**VIII. APPLICATION INSTRUCTIONS:**

Please fill this application out completely and correctly using a typewriter or very clear *handwriting* and check the spelling. Each character needed is counted including spaces between letters. Section IV is a question guide in the event that one of the questions below is confusing. Please see Section IX for examples of question nine.

**IX. VETERAN INFORMATION:**

<p><b>1. Service Branch (circle)</b>          Army Air Force Coast Guard          Navy Marine          Other:</p>	<p><b>2. Is Applicant the Veteran?</b>          YES          NO</p>	<p><b>3. Is Veteran:</b>          Living          Deceased</p>	<p><b>4. War / Conflict Served in:</b></p>
<p><b>5. Last Name:</b></p>	<p><b>6. First Name</b></p>	<p><b>7. Middle Initial (Only)</b></p>	
<p><b>8. Using the space below, write/type name as you want to see it on the wall.</b></p> <p>_____</p> <p><b>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</b></p>			
<p><b>9. Street:</b></p>	<p><b>10. City, State, Zip Code:</b></p>		
<p><b>11. Home Phone #</b></p>	<p><b>Cell #</b></p>	<p><b>Email Address:</b></p>	

**X. APPLICANT INFORMATION: (If other than Veteran)**

<p><b>1. Last Name:</b></p>	<p><b>2. First Name</b></p>	<p><b>3. Middle Name / Initial</b></p>
<p><b>4. Street</b></p>	<p><b>5. City, State, Zip Code</b></p>	
<p><b>6. Phone #</b>          Cell #          Email Address:</p>	<p><b>7. Relationship to Veteran:</b></p>	
<p><b>8. Date of Application:</b></p>		

**XI. ADDITIONAL INFORMATION:**

If there is any additional information you would like to share, please use this space to do so.