

MIAMI COUNTY VETERANS SERVICES OFFICE

MIAMI COUNTY VETERANS HALL OF FAME
NOMINATION FORM

Nominee Information

Personal

Is Nominee Deceased: Yes / No

Date of Death:

Full (Complete) Name:

Date of Birth:

Address:

City:

County:

State:

Zip:

Contact Phone:

Email:

Ohio Resident Since:

County Resident Since:

Military

Branch(es) of Service:

Active-Duty Service Time:

DD 214: Yes / No

Date of Discharge:

Type of Discharge:

Total Years Served:

Retired: Yes / No

Any Conflicts Served:

Post-Military Achievements

Volunteerism: _____

Advocacy: _____

MIAMI COUNTY VETERANS SERVICES OFFICE

Professional Distinction: _____

Public Service: _____

Philanthropy: _____

Post-Military Awards/Honors

MIAMI COUNTY VETERANS SERVICES OFFICE

Nominator Information

Full (Complete) Name:

Title:

Address:

City:

County:

State:

Zip:

Contact Phone:

Email:

I hereby affirm that the information herein is accurate to the best of my knowledge.

Signature: _____

Date: _____