



*"HONORING YESTERDAY'S AND
TODAY'S VETERANS WHO SERVED OUR
COUNTRY DURING A CONFLICT."*

*Veterans' War Memorial
Sadowski Parkway*

**ATTENTION WAR VETERANS:
REQUEST TO ADD YOUR NAME TO THE MEMORIAL**

Any eligible war veteran not included on the memorial may request to have their name placed on the memorial by filling out the form below. The form must be submitted to the City Clerk's office along with a copy of Form DD214.

**SUBMISSION DEADLINE OF ELIGIBLE WAR VETERAN APPLICATIONS
IS MARCH 29, 2013.**

YES! WE WOULD LIKE TO HAVE MY OR A NAME PLACED ON THE MEMORIAL.

NAME OF VETERAN OF WAR _____

CONFLICT(S) SERVED _____ YEAR(S) OF SERVICE _____

ADDRESS AT THE TIME OF SERVICE _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PERSON REQUESTING THE NAME TO BE ADDED: _____

ADDRESS _____ RELATION TO VETERAN _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL ADDRESS _____

SUBMIT APPLICATIONS TO:

City of Perth Amboy – City Clerk's Office
260 High Street • Perth Amboy, New Jersey 08861
Phone 732.826.0290 • FAX 732.826.1160

OFFICE USE ONLY

Rcvd: _____

Date: _____

Application # _____

Rcvd By: _____

Sent to Mayor on: _____