



Brooklyn Area Veterans Memorial, Inc.

P. O. Box 272 • Brooklyn, WI 53521

<http://brooklynveteransmemorial.org>

www.facebook.com/Brooklyn-Area-Veterans-Memorial 614578461963737

Engraving Name on the Wall

Purchaser _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email address _____

Veterans may have their names engraved on the wall at Brooklyn Area Veterans Memorial if the veteran entered into military service from the Brooklyn, WI Area or lived in the Brooklyn, WI Area for at least 5 years. Veterans will need to provide a copy of their DD Form 214/215 or NGB 22/22A as proof of veteran status.*

Cost: Please call Kathy (773-636-0501) about wall space availability and cost.

Veterans Name (Print legible): _____

Veterans Years of Service (Print legible): _____

Veterans Campaign/War (Print legible): _____

I confirm that the information given on this form is complete and accurate.

Purchaser Signature _____ Date _____

Please mail a check, proof of veteran status, and completed order form to:

Brooklyn Area Veterans Memorial Council, Inc. P.O. Box 272, Brooklyn, WI 53521.

*DD Forms 214/215 are for those who served in the reserve and on active duty. NGB forms 22/22A, Report of Separation and Military Service, for those who served in the Army and Air National Guard.