

Skaneateles Veterans Memorial

Please type or print clearly

Name – at time of enlistment or induction:

Address – at time of enlistment or induction:

Current Address:

Dates of Service: _____

Service: _____ Rate or Rank: _____

Service #: _____ Social Security #: _____

Type of Discharge: _____

Please fill out the above form and return.

You will need to provide a copy of your DD 214. ALL information will remain confidential.

Thank you

Skaneateles Veterans Memorial Committee
PO Box 325
Skaneateles, NY 13152