DESERT STORM - APPLICATION

1. VETERAN'S INFORMATION - PLEASE PRINT OR TYPE ALL INFORMATION LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH DATE ENTERED SERVICE CITY/TOWN OF ENLISTMENT BRANCH OF SERVICE MILITARY DISCHARGE DATE RANK AT DISCHARGE DD214 DISCHARGE # DATE OF DEATH (IF APPLICABLE) (COPY REQUIRED) CURRENT ADDRESS, IF LIVING E-MAIL ADDRESS, IF APPLICABLE TELEPHONE # # OF YEARS AT CURRENT ADDRESS PREVIOUS MEDFORD ADDRESSES, IF APPLICABLE YEARS AT ADDRESS 2. <u>CONTACT INFORMATION:</u> CONTACT NAME (IF DIFFERENT FROM VETERANS) RELATIONSHIP TO VETERAN E-MAIL ADDRESS CONTACT ADDRESS **CONTACT TELEPHONE #**

THE INFORMATION PROVIDED WILL BE THE RESPONSIBILITY OF THE VETERAN OR CONTACT TO SUPPLY, INCLUDING THE <u>PROPER SPELLING OF THE VETERAN'S NAME</u>. ADDRESS INFORMATION IS AVAILABLE BY RESEARCHING STREET ADDRESS BOOKS (WARD/PRECINCT BOOKS) WHICH ARE ON FILE AT THE MEDFORD PUBLIC LIBRARY OR CITY CLERKS OFFICE, RM. 103, CITY HALL. THE CITY IS NOT RESPONSIBLE FOR THE RESEARCH, DOCUMENTATION, VERIFICATION OR PROPER SPELLING OF ELIGIBLE NAMES.

DATE

SIGNATURE