



Veterans Last Name* _____

Veterans First Name* _____

Gender* ☐ Female ☐ Male ☐ other

Please identify the Veterans relationship to Holcombe Community (check all that apply)

- ☐ Attended School in Holcombe.
- ☐ Worked or made their living in the Holcombe area for some time.
- ☐ Made Holcombe their home for a period of time.

Branch of Service (Please fill out an additional form for each branch of service)

Rank* _____

Years served* _____

Duty Station _____

Short Summary of Service* _____

Mailing address* _____

Please scan and email this form to: holcombeareaveteransmemorial@gmail.com

Or you can mail this form to: **Holcombe Area Veteran Memorial, PO Box 274, Holcombe, WI 54745**

Name of person filling out form* _____

Phone number* _____

Email address* _____