SWARTZ CREEK VETERANS WALL OF HONOR PROJECT

Swartz Creek Community Schools is partnering with the Genesee County Department of Veterans Services, VFW, American Legion, AMVETS, and other local organizations to create a Wall of Honor at The Cage Community Center to honor all Swartz Creek community veterans and community members presently serving in the United States Military.

Mission

To recognize, honor and support the past and present veteran population in our Swartz Creek community for their courageous service.

To APPLY

Applications may be obtained at:

- **▼** Swartz Creek Cage Community Center
- ★ Swartz Creek VFW or AMVETS
- ➤ Swartz Creek American Legion Post
- www. swartzcreek.org print a copy of the Veterans Wall of Honor application.

Complete the application and mail, fax or email it to:

> **Department of Veterans Services** 1101 Beach Street, 2nd Floor Flint, MI 48502 Phone: (810) 257-3068

Fax: (810) 766-8984

Email: dvs@co.genesee.mi.us











Help us honor our veterans!

VISION

Freedom is not free!

It is achieved by those men and women who are willing to make sacrifices and give of themselves to defend the way of life that we now cherish. Our responsibility is to educate our community and future generations in the Swartz Creek Area on the vital role of our United States military.

To Donate

Contact or send check to:

Swartz Creek Wall of Honor Project Attn: David Simancek, Director 4110 Morrish Road Swartz Creek, MI 48473 (810) 591-4346









The Swartz Creek Cage Community Center Veteran's Wall of Honor



Our Mission

To recognize, honor and support the past and present veteran population in our Swartz Creek community for their courageous service.

Our Vision

Freedom is not free!

It is achieved by those men and women who are willing to make sacrifices and give of themselves to defend the way of life that we now cherish. Our responsibility is to educate our community and future generations in the Swartz Creek Area on the vital role of our United States military.

To apply to be part of the Swartz Creek Veteran's Wall of Honor, complete the attached application, gather the required documentation and drop off, mail, fax or email them to:

Department of Veterans Services 1101 Beach Street, 2nd Floor Flint, MI 48502 Phone: (810) 257-3068

Fax: (810) 766-8984 Email: dvs@co.genesee.mi.us

Need a copy of your DD214 (discharge/separation paper)? Please see the attached SF 180 form in this packet. Please fill out the form to the best of your ability. If the veteran is deceased, a copy of the death certificate and documents that establish your relationship as next of kin (i.e. marriage certificate, birth certificates for children) to the address below.

Department of Veterans Services 1101 Beach Street. 2nd Floor Flint, MI 48502 Phone: (810) 257-3068 Fax: (810) 766-8984

* If you have any questions call the Department of Veterans Services at: (810) 257-3068.

Interested in VA Benefits?

Are you a veteran or surviving spouse of a veteran interested in learning more about VA benefits? Please provide your contact information if you would like a Veteran Service Officer to contact you. Please visit us at www.gc4me.com/departments/veterans/index/index.php and Facebook at www.facebook.com/geneseecountyvetservices.

Name	Relationship to Veteran
Phone	Email Address

Veteran's Honor Wall Application Please answer all Questions to the best of your ability

Veteran's Name:		
Last Name	First Name	Middle Initial
Is Veteran Deceased? Yes No		
Branch of Service: Army / USMC / Navy / Air For	rce / Coast Guard / National Guard	/ Reserves
Dates of Military Service:		
Theater of Operations:		
Is or was the veteran a resident of Swartz Creek commu	unity school district (see map): Yes	No
Was the veteran a graduate of Swartz Creek High School	ol? Yes No	
Is veteran a business owner paying property taxes in the	e Swartz Creek community school disti	rict? Yes No
APPLICATIONS FOR THE VETE INCLUDE THE BELOV	ERAN'S WALL OF HONOR N W DOCUMENTATION:	MUST
★ Verification of <i>HONORABLE</i> military service, such as: DD214/Discharge/Separation papers or NGB 22 (National Guard)	★ Please provide your contact info	
★ This application	Address:	
★ 1 Photo of veteran (in uniform)	Phone:	
Completed applications may be	pe mailed, faxed or emailed to:	
Department of V 1101 Beach st	Veterans Services treet, 2 nd Floor II 48502 O) 257-3068 O) 766-8984	
By signing below, you are authorizing Swartz Creek identified veteran's information on this application is Swartz Creek Cage Community Center, 4410 Morri information will not be shared with any other organ the planning and organization for the Swartz Creek	on the Veteran's Wall of Honor localish Road, Swartz Creek, MI 48473. Lization in the community that is not	ated inside The Personal
Veteran/Dependent:	Date:	
*If your application is approved you will be contacted by the time, you can work with the office	office of The Swartz Creek Cage Commun	ity Center. At that

of the veteran that may be displayed along with the veteran's military service information.



MICHIGAN VETERANS AFFAIRS AGENCY

P.O. Box 30104 Lansing, MI 48909 800-MICH-VET (800-642-4838) Fax: 517-284-5297

Email: MVAAResourceCenter@michigan.gov

Request for Record of Active Military Service (DD Form 214)

Name*:_					
S.S.N.*: _		Service No. (if applicable):			
Date of B	irth*:	Era:			
Branch:_	Active Guard Reserve	Is the veteran deceased? Yes No			
REQUIRED request mu veteran's, t	ist be accompanied by a copy of the death cer the request must be accompanied by a POA.	next of kin or surviving spouse. If the veteran is deceased, the tificate. If the veteran is alive and the signature is not the			
Requeste		automont of Votorono Comicoo			
Name*:	Genesee County Department of Veterans Services				
Address*	1101 Beach Street, 2n	d FL.			
	Flint, MI 48502				
Phone*:	810-257-3068	,			
E-mail:	dvs@co.genesee.mi.u	IS			
Purpose o	of Request: Verification of Military S	Service			

Required Information*

By signing this document I declare under penalty of perjury under the laws of the United States of America that the information provided in this document is true and correct.

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/military-service-records/
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW

To ensure the	e best possible service, please thoroughly review the acco						
	SECTION I - INFORMATION NEEDED	The second second second second second	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		as much inf	ormation as possible.)	
NAME USI	ED DURING SERVICE (last, first, full middle)	2. SOCIA	AL SECURITY #	3. DATE	OF BIRTH	4. PLACE OF BIRTH	
. SERVICE,	PAST AND PRESENT (For an effective records sear	rch, it is impo	ortant that ALL serv	ice be shown be	low.)		
	BRANCH OF SERVICE	DATE	E DATE	OFFICER	ENLISTED	SERVICE NUMBER	
• Alexandra de la companya del companya de la companya del companya de la company		ENTER	ED RELEASE	1 —		(If unknown, write "unknown")	
. ACTIVE	-						
				$+\overline{-}$			
. RESERVE	_						
. STATE				$\top \Box$			
NATIONAL GUARD	-						
. IS THIS PE	RSON DECEASED? NO YES - A	AUST provid	de Date of Death i	f veteran is dec	eased:		
DID THIS I	PERSON <u>RETIRE</u> FROM MILITARY SERVICE					,	
	SECTION II – INFORM	ATION A	ND/OR DOCU	UMENTS RI	EQUESTE	D	
CHECK TH	HE ITEM(S) YOU ARE REQUESTING:						
DD Form	214 or equivalent. Year(s) in which form(s) issued	to veteran:					
	contains information normally needed to verify milit						
	organizations, if authorized in Section III, below. A DELETED copy, the following items will be blacked						
	l) code, and, for separations after June 30, 1979, char				ration, recinis	siment engionity code, separation	
An UNDE	ELETED copy will be sent UNLESS YOU SPECIFY	A DELETE	ED COPY by chec	king this box:	I want a	DELETED copy.	
	Records Includes Service Treatment Records, Health		and Dental Record	ls. <i>IF HOSPI</i>	TALIZED (ir	patient) the FACILITY NAME and	
DATE (mo	onth and year) for EACH admission MUST be provid	ed:					
' Other (Sp	ecify): PERSONNEL FILE						
	(Providing information about the purpose of the requ				elp to provide	the best possible response and may	
	reply. Information provided will in no way be used		-	• ′	O		
	(explain) ☐ Employment ☐ VA Loan Progra VA BENEFITS - MILITARY VERIFION		fedical Gen	ealogy []	Correction	Personal Other (explain)	
Explain nere:	VA BENEFITS PITETIANT VENTITO	CATION					
	SECTION III - R	ETURN A	ADDRESS AN	D SIGNATU	JRE		
REQUESTE	ER NAME:						
I am the	MILITARY SERVICE MEMBER OR VETERAN identified	in Section				(MUST submit copy of Court	
I, above		. D. C. C				ENTATIVE (MUST submit copy of	
	DECEASED VETERAN'S NEXT-OF-KIN (MUST submit See item 2a on instruction sheet.)	it Proof of Authorization Letter or Power of Attorney) OTHER					

CEND INC	(Relationship to deceased veteran) ORMATION/DOCUMENTS TO:				(Specify typ	•	
	r type. See item 4 on accompanying instructions.)					eclare (or certify, verify, or aws of the United States of	
ENESEE C	COUNTYDEPARTMENT OF VETERANS SE	ERVICES				on III is true and correct and	
Name						d information. (See items 2a or ut the Authorization Signature	
	CH STREET	2FL				n, veteran's legal guardian,	
	JII JIKEEI	4FL				rized representative, only	
Street		Apt.	limited information can be released unless the request is archival. No signature is required if the request if for archival records.)				
FLINT	MI 4850	2	organism of the regulating of an entrante corus.				
City	State Zip Coo	de					
* This form is as	vailable at http://www.archives.gov/veterans/military-ser	vice-	Signature Requ			Date	
records/standard-form-180.html on the National Archives and		(810) 257-	3068		(810) 766-8984		
Records Administration (NARA) web site. *			Daytime phone			Fax Number	
			dvs@co.gen	esee.mı.u	<u>.</u>		
			Email address				