Veterans Service Story Data Form

To ensure inclusion in our Veteran's Service Story archive, this form must accompany each submission. Please use additional forms if the veteran participated in more than one branch of service or major war.

Please Print Clearly

Veteran's Full Name: _____

Home State and County: _____

Birth Year: _____ Death Year: _____ Today's Date: _____

Service Year Start: _____ Service Start Reason: *(check one)*

- ◯ Commissioned
- ◯ Enlisted
- ◯ Drafted

Service Year End: _____ Service End Reason: *(check one)*

- ◯ Discharged
- ◯ Retired
- ◯ Death
- ◯ Killed in Action (KIA)

Military Branch: _____

Service Rank or Title: _____

Service for Operation, War, or Conflict: _____

Service Location(s): _____

Service Unit, Division, Battalion, Group, Squadron, Ship, etc. (*Do not use abbreviations*):

_____

_____

Service Occupation or Specialty: _____

Service Awards Received: _____

Is this submission related to either a new or existing Memorial Brick in our Circle of Freedom Brick Walkway?

___ ◯ NO* ___ ◯ YES _____ Brick Number/Location

**Donations are encouraged to help maintain our physical and online memorial spaces. It is our pleasure to provide this service to you and our community.*

My Service Story:

Photograph & Documents Log:

Do not use tape, glue, staples or paper clips on sensitive items. Only use soft pencil on back side of submission, or place each in separate labeled envelope for protection. If possible, on description line, list each person in photos from left to right (L-R) and bottom to top if arranged in rows. Your items will be returned to you after we scan them.

ITEM #: _____ Location: _____ Date: _____

Description: _____

ITEM #: _____ Location: _____ Date: _____

Description: _____

ITEM #: _____ Location: _____ Date: _____

Description: _____

ITEM #: _____ Location: _____ Date: _____

Description: _____

Service Story Submitted by:

Please include enough information so that we can contact you if we have any questions. This Service Story submission is to be posted in our Circle of Freedom digital archives. Submitter certifies, to the best of their knowledge, the accuracy of this submission.

Full Name: _____

If not same person as Veteran, Indicate relationship here: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Please mail this form with your check or money order payable to:
Three Servicemen Statue South, Inc.
PO Box 333 ▪ Apalachicola, FL 32329-0333

Email Us: ThreeServicemenStatueSouth@gmail.com
Website: www.ThreeServicemenStatueSouth.org

All contributions are tax deductible under the 501(c)3 provisions of this organization. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval or recommendation by the state.