



Date: _____

**CITY OF IRWINDALE
VETERANS MONUMENT
APPLICATION**

(as it is to be written on monument)

_____ Last Name First Name Middle Initial

_____ Branch Last Rank Date of Service

City and State: _____

circle one: 1.Home Address at time of Entry 2. Place of Entry 3.Place of Discharge

_____ Date of Birth Place of Birth

TYPE OF DISCHARGE: _____ SERVICE NO/SSN: _____

Comments: _____

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge. I understand that if I willfully misrepresent or recklessly disregard any fact on this application, the above name will not be engraved on the Irwindale Veterans Monument.

Signed _____ Print Name _____

Address _____
Street City State Phone

Any American Veteran, living or deceased, who served in the U.S. Armed Forces, received an honorable discharge, and lived in Irwindale at some point during his or her lifetime, is eligible to have his or her name on the Irwindale Veterans Monument. Applications are accepted on a continuous basis. Only those applications received by **August 31** of the application year and confirmed with a copy of a DD214 or other legal documentation verifying branch, rank and honorable discharge will be inscribed and honored at the following Annual Veterans' Day Ceremony**. Please forward all documents to:

Irwindale Public Works/City Engineer
5050 N. Irwindale Avenue
Irwindale, CA 91706

**Applicants must receive confirmation of a submitted application from this office in order for the respective Veteran's name to be inscribed by the Veterans Day Ceremony in the following November. Please call (626) 430-2211 if you have not received confirmation within two weeks after your submission.