

# MIAMI COUNTY VETERANS HALL OF FAME NOMINATION FORM

## Nominee Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Email \_\_\_\_\_

Was nominee honorably discharged? Yes No

Date of Birth \_\_\_\_\_

Is nominee deceased? Yes No

Dates & Location of Ohio Residency \_\_\_\_\_

Branch(es) of Service \_\_\_\_\_

Years Served \_\_\_\_\_ Conflict (if applicable) \_\_\_\_\_

Organizations Associated With \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Noteworthy Accomplishments / Achievements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Nominator Information

Full Name \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_

I hereby affirm the information herein is accurate to the best of my knowledge.

Signature \_\_\_\_\_