

CITY OF HAMPTON MAIN STREET VETERANS MEMORIAL MARKER
REQUEST FORM

DATE _____

GENERAL: THIS FORM IS TO BE USED TO REQUEST A MEMORIAL MARKER FOR A DECEASED VETERAN OF THE ARMED SERVICES.

CRITERIA: THE FOLLOWING INFORMATION WILL BE USED TO HELP DETERMINE THE ELIGIBILITY OF AN INDIVIDUAL

1. SERVED WITH HONOR IN A BRANCH OF THE US ARMED SERVICES.
2. VETERAN MUST BE DECEASED.
3. THE PERSON MAKING THE REQUEST MUST LIVE WITHIN THE CITY LIMITS OF HAMPTON-**CIRCLE ONE- YES OR NO.**
4. OR THE VETERAN MUST HAVE LIVED WITHIN THE CITY LIMITS OF HAMPTON-**CIRCLE ONE- YES OR NO.**

DEADLINE: THE FOLLOWING DATES FOR TURNING IN APPLICATION FOR MARKERS WILL BE:

BEGINNING 2018-WE WILL ONLY PUTTING UP KIA's FOR MEMORIAL DAY

APRIL 15TH -TO HAVE MARKER FOR KIA'S FOR MEMORIAL DAY.

SEPTEMBER 27TH -TO HAVE MARKER OUT FOR VETERANS DAY.

COST: A ONE TIME FEE OF \$45.00 IS REQUIRED FOR EACH MARKER TO ASSIST IN DEFERRING THE MARKER COST.

REQUIRED VETERAN INFORMATION: (PLEASE PRINT OR TYPE)

1. FULL NAME: _____ (to be displayed on the marker)
2. WAR OR CONFLICT: (CHECK THE ONE THAT APPLIES TO THE VETERAN)
WWI _____ GRANADA _____
WWII _____ DESERT STORM _____
KOREA _____ IEF _____
VIETNAM _____ OTHER (SPECIFY) _____
3. STATUS: (IF APPLICABLE)
KIA _____ POW _____ MIA _____

***** DD214 INFORMATION FOR VETERAN MUST BE PROVIDED HERE _____ FOR
THE VETERAN WHOM THE MARKER REQUEST IS BEING SUBMITTED FOR *****

INDIVIDUAL REQUESTING MARKER: (FULL NAME): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____

TO SUBMIT:

SEND THIS FORM WITH FEE TO: HAMPTON VETERANS MEMORIAL MARKER FUND

c/o CHARLIE HEARN

P.O. BOX 610

HAMPTON, GA 30228

DD214 information can be found at <https://www.archives.gov/veterans/military-service-records>

If you have any questions please contact Nita Rucker or Charlie Hearn at the information below:

Nita Rucker 404-408-1732 or larrynita@bellsouth.net

Charlie Hearn 404-867-9618 or charliehearn1953@gmail.com