

# Omro Veterans Memorial Data Form

1) Name of Veteran being honored: \_\_\_\_\_

2) Branch of military service: \_\_\_\_\_

3) When did this Veteran serve? \_\_\_\_\_ to \_\_\_\_\_

4) Is this Veteran now deceased? Yes or No

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

5) Did this Veteran die while serving our country? Yes or No

\*Special recognition will be given to deceased-in-service Veterans

6) Was this Veteran honorable discharged? Yes or No

If possible, please submit a copy of the Veterans DD-214 or other separation papers.  
Medical and general discharges under honorable conditions are honorable discharges.

7) Did this Veteran live in the Omro School district at any time? Yes or No

If yes, approximate dates \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

If possible, please submit a copy of the Veterans obituary, drivers license, or other official document indicating residency in the Omro School District.

8) Are there photos of this Veteran available? Yes or No # \_\_\_\_\_

If possible, please submit photos with this form.

Do you want the photos returned? Yes or No

9) Name of any relative \_\_\_\_\_

Relation \_\_\_\_\_ Living Yes or No

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

10) Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(use back if needed)

In case we have a question about the information you have provided please give us your name and phone number.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

Please drop off or mail this form to:

Omro Public Library

405 E. Huron

Omro, WI 54963