

STRATHAM RESIDENTS' MILITARY SERVICE RECORD

Information collected from Stratham's current service men and women AND all military veterans is used by the Town's Heritage Commission to update the placement of names in the Veterans' Garden located in Stratham Hill Park. All information provided to the commission will be verified.

NOTE: ONLY CONSIDER APPLYING AFTER YOUR HONORABLE DISCHARGE. THANK YOU!

NAME ENGRAVED ON MONUMENT: HOME OF RECORD STRATHAM AND SERVICE IN WARTIME
NAME ENGRAVED ON A BRICK: HOME OF RECORD STRATHAM + SERVICE IN PEACETIME OR HOME OF RECORD BEFORE OR AFTER SERVING + LIVING OUTSIDE STRATHAM

2015

VETERAN'S PERSONAL DATA

IMPORTANT NOTE: *This information is collected periodically to discover new names. If you have previously filled out a military service form for the Commission, there is no need to fill out another.*

Print name: First _____ Middle _____ Surname _____ Maiden name _____

Home address _____ Residence _____

Postal, if different _____

WHAT IS YOUR HOME OF RECORD (Town and State, please)

Veteran's current tel. no. _____

Your email address: _____

Check one only:

Stratham resident while serving Stratham resident after serving

Date of birth: _____

City, State of birth _____

The Heritage Commission encourages you to use the reverse side of this form and tell us of your military memories or other comments that may, with your permission, be used in future Commission publications or local publicity.

CONTACT US: Heritage@stratham.nh.gov

Return form to the Heritage Commission c/o Town Hall, 10 Bunker Hill Avenue, Stratham, NH 03885

MILITARY SERVICE DATA

Respond appropriately to _____
 past service: _____
 What branch of the service? _____

You must have completed your service to apply.
 Discharge rank: _____
 Date(s) of service: _____

Place(s) of service _____

Served during (check one) Peacetime War or conflict

If served during conflict, which one(s) _____

List any decorations received and years awarded:

Date form completed: _____

--If you are filling out this form for Vet who is no longer living:

--If veteran died during service, what date? _____

--If veteran died following military service, what day, month, year?

Your relationship to the deceased _____

PRINT clearly your name _____

Your address _____

Your telephone or email: _____