

St Lucas Veterans Project Information Form v3

Name of veteran: Title: _____ First Name: _____ (II, III, IV)

Middle: _____ Last: _____ (Jr, Sr)

Name of person submitting info. If self, "self:" _____

Contact information for veteran or person submitting the information

(Phone number or email address): _____

Is the veteran at present a member of St Lucas church? Yes No

Was the veteran a member of St Lucas church in the past? Yes No

Branch of the military:

Air Force

Coast Guard

Other

Army

Merchant Marine

If other, what?

Marines

Army National Guard

Navy

Air Force National Guard

Date range of service: _____

Other brief notes that you might like to offer: _____

If veteran is deceased, please help with the following information:

Date of birth (mm/dd/yyyy): _____

Date of death (mm/dd/yyyy): _____

Location of interment

Name of cemetery: _____

City: _____ State: _____

Whether the veteran was killed in line of duty: Yes No

Put your completed form in the back of the binder on the desk in the Welcome Center.
Thank you for participating in the St. Lucas Veteran's Project.

Joy Dressel, Chair of the Heritage Committee