## Veteran Information for Union County Veterans Remembrance Database

Please print and complete this Union County veteran information form as completely and accurately as possible, then attach a copy of your discharge papers, picture(s), and submit this information to Marie Bouic at the mailing address listed at the end of this form. Please feel free to attach additional pages to this form if you need additional space for your responses.

First Name:											
Middle Name/Initial and Nickname:											
							Does the Veter	an have a brick paver at	the memorial s	ite? ☐ YES ☐ NO	
							If "YES" was a	answered above, please l	ist paver locatio	n/section if known:	
Highest Rank	Please include formal ran	nk first, followed	by job title):								
Branch of Serv		orce _	_ Merchant Marine _ Navy	Marines Coast Guard							
Cint(s) (Fiease	тсние сотрану, ванин	m, and aivision i	njormuiton ij known, w	ithout using abbreviations):							
Service:											
Active:	From Year:		:								
Guard: Reserve:	From Year: From Year:		: :								
Revolutio War of 18 Indian W	ck appropriate conflicts be onary War Mexican S 312 Civil War ars Spanish A	War : American War	World War I World War II Korean War	Vietnam War							
Overseas Servi	<u>ce</u> (geographic locations	or theaters of op	eration) <b>:</b>								
				_							

<b>Decorations</b> (Check all that apply	·):	
<ul> <li>Congressional Medal of Hor</li> <li>Distinguished Service Cross</li> <li>Distinguished Service Medal</li> </ul>	nor Legion of Me	
Distinguished Service Cross	Purple Heart	Presidential Unit Citation
Distinguished Service Meda	Silver Star	
Other Service Medals / Ribt	oons (Fieuse tist):	
KIA/MIA (Killed in Action/Missin	ng in Action – Presumed De	ad)? □ YES □ NO
<b>DIS</b> (Died in Service – died in the		
		at conditions). If IES INO
<b>POW</b> (Prisoner of War)? $\square$ <b>YES</b>	NO	
KIA/DIS/POW When:		
KIA/DIS/POW Where:		
Township of residence entering	service:	
Township of current residence o	r at time of death:	
School Info:	Church	Info:
Cemetery Info:		Date of Death:/
•		e public. Please include name, address, phone,
is a hard copy, please write a name	e and address on the back so	a digital JPEG image file. If the attached picture it can be returned.  information, etc.):
Return Completed Forms To:	Marie Bouic 9291 Watkins Rd Marysville, OH 43040	
	Phone: 740-666-2333 Email: bouic1@gmail.c	rom

The fields below are for administrative use only			
Form received date:	Data entered? YES NO		
Picture received date:	DD-214 review complete? YES NO		
Picture returned date:	Picture scanned/forwarded date:		