

HAMBDEN TOWNSHIP

VETERAN'S MEMORIAL REQUEST FORM



I am requesting the following name be considered for inscription on the Veteran's Memorial located at Hambden Township Park.

Please print this information very clearly so it will appear correctly on the monument.

Name to be Inscribed: _____

Branch of the Military Service: _____

War Served In: _____

Was Veteran a Township Resident at time of Death? _____

If not, when was Veteran a Township Resident? _____

Place of Burial: _____

Your request will be considered by the Township Trustees at a forthcoming Township meeting. Engravings are done just prior to Memorial Day and again before Veteran's Day.

Your Name: _____

Your Address: _____

Your Telephone Number: _____

Send completed forms to: Hambden Township, 13887 GAR Highway, Chardon, Ohio 44024
Or fax to: (440) 286-1693
Or e-mail to: hambden@hambdentownship.com

Please direct all questions to: (440) 286-4364