

## HAMB DEN 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](mailto:hambden@hambdentownship.com)

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