



Gardena Honored Veterans

Honoring Our Hometown Heroes

MILITARY PROFILE APPLICATION FOR GARDENA HONORED VETERANS WEBSITE

When completed, mail or fax it to the address/number at the bottom of this form or fill this form out online at www.gardenahonoredveterans.org/your-military-profile.html

Date: _____

PLEASE PRINT

Applicant's Name: _____

Current address: _____

Alternate Phone number _____ Cell Phone: _____

Driver License /California ID or the Name of the business in Gardena you are employed at:

Email: _____

Branch of Service: _____

Last Rank: _____

Awards: _____

Dates of Service: _____

Military Occupation Specialty: _____

Units Served with: _____

Major Battles/Campaigns _____

Prisoner of War: Yes or No _____

Missing in Action: Yes or No _____

I verify that the above information is accurate.

Veteran's Signature

If Veteran is deceased, please fill out the information below.

I, _____, am applying on behalf of _____, who is deceased.

(Person name on Behalf of Applicant)

(Veteran's Name)

I verify that the above information is accurate.

Date of Signature

Relationship to Applicant