CITY OF WOBURN WOBURN HONOR ROLL MONUMENT REQUEST FORM

DATE OF APPLICATION:		
WAR PERIOD:		
VETERAN'S NAME AS IT WILL APPEAR	ON THE MONUMENT:	
VETERAN'S DATE OF BIRTH:		
BRANCH OF SERVICE:		
DATES OF SERVICE*:		
*Must meet the Massachusetts Definition of	of a Veteran guidelines (M.G.L. c. 4, se	ec. 7, cl. 43rd as amended
by the Acts of 2005, ch. 130)		
DD214 (Discharge Papers or Certified Service	e Records) MUST BE ATTACHED	YES NO
HOW MANY YEARS HAVE YOU LIVE	D IN WOBURN?	
WHERE DID YOU LIVE IN WOBURN?		
****Please print (please leave either a phone	# or email address so that we may conta	ct you if we need to.)****
NAME OF PERSON MAKING REQUEST:		
RELATIONSHIP TO VETERAN:		
ADDRESS OF REQUESTER:		
TELEPHONE # OF REQUESTER:		
E-MAIL ADDRESS OF REQUESTER:		
X		Date:
SIGNATURE	OF PERSON MAKING REQUEST	

REQUIREMENTS:

- MUST HAVE SERVED DURING A WAR TIME PERIOD
- PLEASE ATTACH COPY OF DISCHARGE or DD214
- MUST HAVE BEEN A RESIDENT OF WOBURN AT THE TIME OF ENTRY INTO SERVICE OR A RESIDENT OF WOBURN FOR A MINIMUM OF 20 YEARS (verification may be required.)
- WALL INSCRIPTION FEE: \$60 (Inscription fees cover labor costs to add a name to the wall. Checks should be made payable to "Friends of Woburn Veterans".)
- Please mail or drop off completed applications to the Woburn Veteran's Office c/o Woburn Honor Roll 144 School St. Woburn, MA 01801

The completion of this form does not imply or guarantee additions, inclusion and/or that changes will be reflected on finished monument. It does insure that the monument committee will review the information provided for accuracy. All additions and/or changes will be made after verification of military records and residency. Incomplete applications will not be presented to the monument committee for consideration. Only forms completed in entirety, with proof of honorable discharge and accompanying proof of residency shall be considered.

Application Updated 03-11-2020

