

Office us only
Control # _____

Date Submitted _____
Verified by _____

Wall of Honor Application

Fill Out Completely

QUALIFICATIONS- Question 1 and part of Question 2 must be answered as "yes" to qualify to be approved.

1. Name being submitted a Delhi resident for 12 consecutive months: Yes No
If Yes, in box below the approximate date and location of residency.

2. **Military Qualifications:** The name being submitted must have been honorably discharged or currently serving honorably on active duty under at least one of the following qualification requirements:

- A. Served on active duty for at least 12 consecutive months: Yes No
- B. Served on active duty in a combat zone for at least 30 days: Yes No
- C. Served on active duty in a combat zone for less than 30 days, provided that the action ended within that 30 day period: Yes No
- D. Killed in Action: Yes No

A person who served in the Reserves or National Guard must meet at least one of the above criteria.

Exceptions: Notwithstanding the above Military Qualifications, the DTVA of Trustees reserves the right to accept other special and/or unusual circumstances/conditions that may have occurred to the name being submitted while serving on active duty. Is there an exception to the qualifications for this name? Yes No If, yes please **attach** reason for exception.

3. **WAR OR CONFLICT-Circle all those apply-Required**

American Revolution
War of 1812
Civil War
Spanish American
WWI

WWII
Korea
Vietnam
Cold War 1945-1991
Gulf War/Desert Storm

Afghanistan
Iraq
Other-list below

Other-if not listed above:

4. **VETERAN NAME TO BE SUBMITTED**-print clearly or type. Please indicate whether if Jr, Sr, III, etc.
This is how the name will appear on the wall.

Veteran's LAST Name*	Veteran's FIRST Name*	Middle Initial	Branch of Military*

5. **CONTACT INFORMATION- REQUIRED:** All information is kept confidential and is not sold. This information will be used only to inform you when the name will be engraved and dedicated or for questions that may arise about the information provided. Your email address will save us postage costs.

Your Last Name*	Your First Name*	Middle Initial
Street Address* in box below		Phone:*
City*	State*	ZIP*
		Email:*

Would you like to join the Delhi Veterans Association? Yes No If yes, form F-0002 will be sent to you.

Before sending this application: Did you enclose a copy of military proof? Yes **-Required**

Mail form *and* copies of military papers to:
Delhi Township Veterans Association
PO Box 389202
Cincinnati, OH 45238-9202

Contact
Email to: admin@delhiveterans.com
Website: www.delhiveterans.com
Twitter: @delhi_veterans

By submitting this form you agree that the name being submitted meets the above qualifications. The Delhi Township Veterans Association reserves the right to disqualify the name being submitted based on the information provided; and the applicant assumes financial responsibility for incorrect or false information.