



**IBERVILLE WALL OF VETERANS
VETERAN SUBMISSION FORM**

This form must be completed and signed when the veteran's photograph is scanned for the photo to be used on the Iberville Wall of Veterans.

The Wall of Veterans will be on display for the Iberville Salute to Veterans event on Monday, November 11, at the Iberville Veterans Memorial. It will remain up until the holidays.

PLEASE PRINT CLEARLY!

Full name of Veteran or Active Military personnel:

First Name _____ Middle initial _____ Last name _____

If a veteran, was he/she honorably discharged (circle one): **Yes** **No**

Branch of military in which he/she served or serves (circle one):

Army **Navy** **Air Force** **Marines** **Coast Guard**

Name of person submitting photo for the Iberville Wall of Veterans: _____

Relationship to veteran in photo being submitted: _____

Phone number of person submitting photograph: _____

E-mail of person submitting photograph: _____

By signing this form, you are authorizing us to place the scanned photograph on the Iberville Wall of Veterans.

Signature: _____