

Memorial Garden Committee
Town of Ayer
1 Main Street
Ayer, MA 01432

Memorial Garden Veteran Recognition Application

Date: _____

I herewith apply for recognition in the Town of Ayer Memorial Garden.

Name to appear as shown (*Please Print*)

Last	First	MI	Grade	Branch
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- 1) Enclose a copy of DD214 Form - Military Discharge Honorable
- 2) Town of Ayer residency Information

Name: _____
Address: _____
Telephone: _____
email: _____
Period of Residency: From: _____ To: _____

- 3) Certification Statement (sign below)

I certify that to the best of my knowledge the individual named on this application has not been recognized elsewhere for Military Veteran Service to America.

Signed: _____
Print Name: _____
Address: _____
Telephone: _____
email: _____

Committee Approval / Disapproval: _____
Committee Meeting Vote: _____