



Christopher DiPiazza, Mayor

BOROUGH OF PARAMUS

Office of Veterans Affairs

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PARAMUS VETERANS PHOTO ID CARD APPLICATION

(Please Print Clearly)

Name: _____ DOB: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Branch of Service: _____ Years Served: _____ to _____

Rank Held At Time Of Discharge: _____

Are You A Member of A Veterans Organization? _____

If YES, Which One(s) _____

I have attached a COPY of (circle all that applies):

DD 214 SEPARATION ORDERS VETERANS ORG. MEMBERSHIP ID

VA HEALTH BENEFITS CARD OTHER _____

Veterans Signature: _____ Date: _____

FOR OFFICE USE ONLY:

APPROVED _____ REJECTED _____

BY: _____ TITLE: VETERANS SERVICE OFFICER DATE: _____