

SILSBEE VETERAN PARK MONUMENT APPLICATION

To submit the name of a veteran to be engraved on the monument, please complete the following questionnaire.

Submitted By: _____
Address: _____
Phone: _____
Email: _____

Veteran's Name: _____
Last First Middle

Date of Birth: ____/____/____/ Branch of Service: _____

Rank: _____ Period of Active Duty: _____/_____
From To

Conflict or War: _____

(must have served 90 days and received honorable discharge)

Harding County Resident Qualification: Check each that applies

Living _____ Deceased _____ Lives Here _____ Lived Here _____

If not self, relationship to Veteran: _____

Donation

Date: ____/____/____ Amount: \$ _____ Check _____ Cash _____

Make checks payable to Silsbee Veteran Park Fund c/o City of Silsbee

A tax-deductible contribution receipt will be mailed to you. Please do not send cash through mail.

Received From: _____ By: _____
Donor Signature City Employee

Please mail, fax, or deliver to: DeeAnn Zimmnerman
City of Silsbee
1220 HWY 327 EAST
SILSBEE, TX 77656

For More Information: 409-385-2863 Fax: 409-386-1025