

Wood National Cemetery Project “Lest We Forget”

(PLEASE PRINT ALL INFORMATION)

VETERAN'S NAME: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

CEMETERY GRAVE LOCATOR: _____

Veteran MUST BE in Milwaukee's Wood National Cemetery to participate in this particular project.

RANK AND BRANCH OF SERVICE: _____

DATES SERVED IN MILITARY: _____

Please attach information that will bring your loved one “to life” for those who will be reading his or her story in our historic display. Include interesting stories of their time in the military, places/ campaigns in which they served, military honors. Personal family stories and information such as special interests and hobbies are also welcome. We reserve the right to make editorial changes.

To complement the story, please include **copies** of your favorite photographs. A military photograph would be great, but is not required. The photo may include the veteran's spouse or other family members if you so desire. Preferred photo size is 5" x 8". Please note that photographs will be retained in VA Milwaukee's historic files and will not be returned to you.

Please submit this form, your additional pages of information and a **copy (copies)** of your favorite photograph(s) of your veteran to:

The Soldiers Home Foundation, Inc.
VA Medical Center
P.O. Box 139
Milwaukee, WI 53295

We ask that you include the following information in the event that we need additional information or clarification:

NAME: _____

ADDRESS (INCLUDE CITY/STATE/ZIP): _____

PHONE WITH AREA CODE: _____

E-MAIL ADDRESS: _____