



MEMORIAL SERVICE CERTIFICATE INFORMATION FORM

Legal name: _____

Dates of birth and death: _____

Military branch: Army Navy Marines Air Force Coast Guard

Highest rank achieved: _____

Date of enlistment or commissioning: Month _____ Year _____

Date of service termination or retirement: Month _____ Year _____

Overseas service: WWII Korea Vietnam Other: _____

Primary civilian occupation: _____

Check all that apply:

- Brother or sister
- Husband or Wife
- Father or mother
- Grandfather or grandmother
- Great grandfather or grandmother
- Friend and neighbor
- Community leader
- Church leader
- _____

Contact Phone _____ Email _____

Notes:
