

Chautauqua County Veterans Memorial Commission Database Enrollment Form

Fields labeled in red are required.

Fields labeled in blue will not be displayed on our website.

VETERAN PERSONAL INFORMATION

First Name

M.I.

Last Name

Please enter current or last known address below

Street

City

State

Zip

Gender

Nearest Relative (Name, Relationship)

D.O.B. (MM/DD/YYYY)

Place of Birth (City, State)

D.O.D. (MM/DD/YYYY)

Place of Death (City, State)

Cause of Death

Cemetery Name & Location

VETERAN MILITARY SERVICE

Date of Enlistment (MM/DD/YYYY)

Branch

City, Town or Village (Residence at time of entry)

War

Unit

Rank

Places Served

Type of Duty (Military Occupation)

Killed In Action (KIA) Please circle one

Yes No

Prisoner Of War (POW) Please circle one

Yes No

Missing In Action (MIA) Please circle one

Yes No

Wounded In Action (WIA) Please circle one

Yes No

Awards, Medals, Commendations

Other Information

Date of Discharge (MM/DD/YYYY)

City, Town or Village (At time of discharge)

Discharge Recorded

VETERAN FAMILY HISTORY

Father

Mother

Spouse

Daughter / Son of

Spouse

Daughter / Son of

List Children Below
Name

D.O.B.

Place

Information Source (Name, Relationship, Phone #)
