

**St. Joseph's Parishioner Military Wall of Honor
Application Form**

Individual/Family Submitting Information: (Please Print)

Name: _____

Preferred Phone No.: _____

Email Address: _____

Service Person's Relationship to You: _____

Service Members Information

Name: _____

Last Name/First Name/Middle Initial (Please Print)

Branch of Service: **Army** **Air Force** **Marines**

Navy **Coast Guard** **Merchant Marine**

Years of Service: **From:** _____ **To:** _____

Current or Former Member of the Parish: _____ **Yes** _____ **No**

If Applicable: _____ **KIA** _____ **Ex POW** _____ **MIA**

Additional Information/Comments:

Please return this form to the church office or place in the collection basket.