

**CAMERON PARISH VETERANS WALL**

**REQUIRED INFORMATION**

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**BRANCH OF SERVICE**

**NAVY    ARMY    AIR FORCE    MARINES    NATIONAL GUARD    COAST GUARD**

**NAME** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**RANK** \_\_\_\_\_

**WHICH WAR** \_\_\_\_\_

**KILLED IN ACTION**

**YES    OR    NO**

**IF YOU WOULD LIKE TO MAKE A DONATION. A DONATION WOULD BE APPRECIATED**

**AMOUNT OF DONATION** \_\_\_\_\_