

Defiance County Veterans Directory

Last Name _____ First Name _____ Middle Name _____
Maiden Name _____ Spouse's Name _____ Jr. / Sr. _____
Date of Birth _____ Parent's Names _____
City of Birth _____ County of Birth _____ State of Birth _____
Country of Birth _____
Date of Death _____ City of Death _____ County of Death _____
State of Death _____ Country of Death _____
Place of Burial _____

Service Information

Branch of Service _____	Military Service No. _____
Date Entered Service _____	Date of Separation _____
Site of Enlistment _____	Site of Separation _____
State of Enlistment _____	State of Separation _____
Units in Which Served _____	Highest Rank Held _____

War/Campaigns _____

Awards & Decorations _____

Information Source/Remarks/Comments – Where did you get this information from?

Attach a copy of the military discharge (DD214) to this form, if available.

Name of Person turning this form in: _____

Complete Address: _____

Telephone Number with Area Code _____

SEND OR FAX THIS FORM TO:

**Defiance County Veteran's Affairs
Attn: Tanya S. Brunner
197-1B Island Park Avenue
Defiance, OH 43512
Office Phone 419-782-6861
Fax 419-782-6713**