

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 Veterans Affairs Office
1300 East Second Street
Suite 102
Defiance OH 43512
419-782-6861
Fax 419-782-6713
E-Mail is: veterans@defiance-county.com**