

MEMORIAL WALL APPLICATION



Any veteran who served in the military or anyone presently serving may submit themselves or any other family member or a close friend to be on the wall, even though they are not from Minnesota. America's veterans will be remembered as fighting as one Nation. This Memorial Wall will be representative of that same spirit.

Name of Veteran: _____

Rank of Veteran: _____

Date of Birth: _____ Branch of Service _____

Date of Service, Estimate Beginning Date: _____ End Date: _____

If Veteran died in Service, when and where: _____

Personal information about Veteran (Family, where he/she served, awards, occupation, etc.) Attach a brief history if you wish (not to exceed three pages). Information will be retained for future generations to read and learn about family members in the service of their country.

Residence: _____

If deceased, provide birth place or last permanent address: _____

Name, address and relationship of donator to Veteran honored

Name of donor: _____

Address and phone: _____

Email: _____

Relationship to Veteran: (Father/Mother/Child/Friend/etc.) _____

\$150.00 per name

Make check payable to: Long Prairie Veterans Memorial

347 Central Ave. #5, Long Prairie, MN 56347

Treasurer: Pete Berscheid

320-732-4419