## NEW LONDON VETERANS MEMORIAL PARK APPLICATION

NAME OF VETERAN:			KIA	_ MIA
*Please print and verify th	e spelling of the veteran	s name prior to applying		
APPLICANT NAME (If diff	erent):			
ADDRESS:				
E-MAIL ADDRESS:				
PHONE:	CELL PHONE:			
Branch of Service: _	ARMY	AIR FORCE		
_		COAST GUARDMERCHANT MARINES		
Theatre of War:	wwi	PANAMA		
	wwii	GULF WAR		
	KOREA	IRAQ		
	VIETNAM	AFGHAN		
	GRANADA	OTHER		

Your Name, Branch of Service and the Theatre of War will be limited to 35 letters including spaces (example: JAMES SMITH ARMY KOREA). The Theatre of War can be abbreviated if necessary.

The cost for engraving is \$150.00. New names will be added to the memorial when there are enough new names submitted to warrant bringing the engraver down to complete the work on site. Please make the tax-deductable check payable to: **City of New London.** 

Send the payment along with a completed application to *CITY OF NEW LONDON, P.O. BOX 184, NEW LONDON, IA 52645.* 

This memorial is for both living and deceased members of the military. To be eligible to have a name engraved in this memorial, the party must have ties to the city of **New London, lowa**. For instance: born here, went to school here, lived here, etc. This is still valid even if they do not currently reside in New London.

- Donations in any amount to help support erection of this Memorial would be greatly appreciated SEND TO ABOVE ADDRESS.
- For information call: Kasi Howard 319-367-7702