CUBA WAR MEMORIAL

Veteran Name Addition Request Form

Honoring Those Who Served

The Cuba War Memorial was established by Delbert and Phil Mullen to honor their brother, Cliff, as well as the men and women of our community who served our nation in the United States Armed Forces. Individuals and families may use this form to request that an eligible veteran's name be added to the memorial.

1. VETERAN INFORMATION

Veteran's Full Legal Name:

_____

Name exactly as it should appear on the memorial:

_____

Date of Birth: _____

Date of Death: _____

Branch of Military Service:
□ U.S. Army
□ U.S. Navy
□ U.S. Marine Corps
□ U.S. Air Force
□ U.S. Coast Guard
□ U.S. Space Force
□ Other: _____

Dates of Military Service:
From _____ To _____

Rank at Separation (if known):

_____

War / Conflict / Period of Service:
□ World War I
□ World War II
□ Korean War
□ Vietnam War
□ Lebanon/Grenada
□ Panama
□ Persian Gulf War
□ Afghanistan / Iraq
□ Other military service or conflict: _____

Was the veteran killed or did they die while serving on active duty?
□ Yes □ No

2. CONNECTION TO THE CUBA COMMUNITY

Because this is a community memorial, I think this section is especially important.

Veteran's connection to Cuba and/or the surrounding community (check all that apply):

□ Lived in the area (indicate # of years): _____
□ Family resides/resided in the area
□ Buried in the area
□ Other: _____

Please briefly describe the veteran's connection to the community:

_____

_____

_____

3. SERVICE VERIFICATION

Please provide at least one form of documentation verifying military service, such as:

□ DD Form 214 / discharge document
□ Military service record
□ Department of Veterans Affairs documentation
□ Official military casualty record
□ Military identification or other official record
□ Obituary documenting military service
□ Other: _____

Documentation attached: □ Yes □ No

4. PERSON MAKING THE REQUEST

Your Name:

_____

Relationship to Veteran:

_____

Mailing Address:

_____

_____

Phone: _____

Email: _____

Are you authorized by the veteran or veteran's family to submit this request?
□ Yes □ No □ Veteran is deceased and I am a family member

5. CERTIFICATION

I certify that the information provided on this application is accurate to the best of my knowledge. I understand that submission of this form does not guarantee placement of a name on the Cuba War Memorial and that requests are subject to verification, eligibility requirements, available space, and approval.

I have carefully reviewed the spelling of the veteran's name as I want it engraved:
□ Yes

Applicant Signature: _____

Date: _____

FOR THE MULLEN FAMILY AND CRAWFORD COUNTY FOUNDATION USE

Date Received: _____

Documentation Verified: □ Yes □ No

Community Eligibility Verified: □ Yes □ No

Approved: □ Yes □ No

Approved Name for Engraving:

Memorial Section / Conflict: _____

Date Added: _____

Notes:
