

Town of Byron
Veterans Memorial Committee
Memorial Name Addition Data Form

The Town of Byron Veterans Memorial Committee continues to search for and to periodically add Town of Byron veterans' names to the existing memorial. In order for the committee to add the names of eligible veterans to the memorial, please complete all the information requested on this form and return to the Town of Byron Veterans Memorial Committee, C/O Byron Historical Society, P.O. Box 466, Byron WI 53006.

Full name of veteran to be added: _____
(No nicknames) First Middle Last

Was the veteran born in the Town of Byron? (circle)	Yes	No
Did the veteran live in the Town of Byron (circle)	Yes	No
Is the veteran buried in the Town of Byron? (circle)	Yes	No

If the veteran lived in the Town of Byron, please provide the address or description of the residence: _____

If the veteran is buried in the Town of Byron, please provide cemetery name and grave location:

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Was the veteran honorably discharged from service? (circle) Yes No

What documentation do you have to confirm the above? (Check all that apply)*

<input type="checkbox"/> DD 214	<input type="checkbox"/> Obituary	<input type="checkbox"/> Pension Records
<input type="checkbox"/> Draft Registration Card	<input type="checkbox"/> Newspaper Article	<input type="checkbox"/> Photographs
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> VA records	<input type="checkbox"/> Other

*Please present all documentation with your request.

Person submitting veteran's name: _____

Address: _____

Phone: _____

Committee members are available to assist with research.

Do you need help with research in order to complete this page? Yes No