

WINNESHIEK COUNTY VETERANS MEMORIAL SURVEY

Your veteran must have resided at some time in Winneshiek County, IA

(Please answer questions to the best of your ability. Please Print.)

Name of Veteran (Last, First, MI): _____

Last known address: _____

Place of residence in Winneshiek County: _____

Date of Birth: _____ Place of Birth: _____

Date of Death (if deceased): _____ Place of Death: _____

Where Buried: _____

Military Record

Date of Enlistment: _____ Date of Discharge: _____

Branch of the Armed Forces: _____

Brief summary of Military Service (Duty Stations, Awards, etc.): _____

Father's Name: _____ Mother's Name: _____

Name of Spouse: _____ Date of Marriage: _____

Person providing this information: _____

(Please provide contact info (i.e., name, phone number, and email address))

Return this form to:

All Vets Club, Attn: WCVMA
104 State Street
Decorah, IA 52101
Email: cplus@mchsi.com

For more information or to fill out this form online - visit our website
Please contact 563-382-5232 / 563-379-5446 with any questions
Thank you for your service & God Bless America!



<https://www.winneshiekvetsmemorial.org/>