MIAMI COUNTY VETERANS HALL OF FAME
NOMINATION FORM

Nominee Information

Personal

Is Nominee Deceased: Yes / No Date of Death:

Full (Complete) Name: Date of Birth:

Address: City:

County: State: Zip:

Contact Phone: Email:

Ohio Resident Since: County Resident Since:

Military

Branch(es) of Service:

Active-Duty Service Time: DD 214: Yes / No

Date of Discharge: Type of Discharge:

Total Years Served: Retired: Yes / No

Any Conflicts Served:

Post-Military Achievements

Volunteerism: _____

_____

_____

_____

Advocacy: _____

_____

_____

Professional Distinction: _____

Public Service: _____

Philanthropy: _____

Post-Military Awards/Honors

Education and Training Accomplishments

Your Summary of Nominee

If more space is needed, you can attach additional pages, but please clearly identify the section to which they are a continuation.

Nominator Information

Full (Complete) Name: Title:

Address: City:

County: State: Zip:

Contact Phone: Email:

I hereby affirm that the information herein is accurate to the best of my knowledge.

Signature: _____

Date: _____