

Nomination for the Delanco Military Veterans Honor Roll

* Full name of veteran: _____

* Birth/death dates: (_____ - _____)

* Rank at separation: _____ Specialty: _____

* Branch(es) of Service: _____

* Unit(s): _____

If Navy or Coast Guard, name(s) of ship(s): _____

* Associated with which conflict(s): _____

* Geographic area(s) of service: _____

Approximate dates of service: _____

Special commendations: _____

Approximate dates of residence in Delanco: _____

Spouse: _____

Occupation Pre/Post service: _____

Other service to Delanco: _____

Information supplied by [] Self, [] Family, [] Other: _____

May we contact you for additional information? [] Yes, [] No

If yes, contact phone/email: _____

Include any additional details of interest that can be shared with the Delanco community. Feel free to use the back or enclose attachments. Scans of photos are appreciated.

Thanks for participating in our survey and thank you for your service.

Return completed forms to the Delanco Municipal Building (770 Coopertown Road) or Peter Fritz (303 Union Avenue).

Questions? Contact Peter Fritz at 609-760-7746 or pfritz5976@aol.com.

Military Veterans Committee of the Delanco Historic Preservation Advisory Board