



**City of Irwindale
Veterans Monument
Application**

Office Use:

Date Rec'd: _____

By: _____

*Any American Veteran, living or deceased, who served in the U.S. Armed Forces, received an honorable discharge, and lived in Irwindale at some point during his or her lifetime, or made a significant contribution to the Irwindale community (such as an employee or volunteer), as determined by the City Council, is eligible to have his or her name on the Irwindale Veterans Monument. Applications are accepted on a continuous basis. Only those applications received by **June 30** of the application year and confirmed with a **copy of a DD214 or other legal documentation** verifying branch, rank and honorable discharge will be inscribed and honored at the following Annual Veterans' Day Ceremony*.*

Please forward the application and all documents to:

Irwindale City Hall/Administration
5050 N. Irwindale Avenue
Irwindale, CA 91706

Select one of the following:

City of Irwindale Resident (**Complete Sections A, B, & D**)

Non-Irwindale Resident Applicant (**Complete Sections A, C, & D**)

SECTION A: VETERAN INFORMATION

List name as it is to appear on the monument:

Last Name First Name Middle Name or Initial

Branch Last Rank Date of Service

Phone No.: _____ E-Mail: _____

Select one of the following and provide the required information:

Address at the time of entry

Address at the time of discharge

Address City State

Type of Discharge: _____ Service No/SSN: _____

Comments: _____

SECTION B: IRWINDALE RESIDENCY INFORMATION

Former Irwindale Resident

Current Irwindale Resident

Provide Irwindale residency address:

Address (Number and Street) From (Date)/To (Date)

SECTION C: NON-IRWINDALE RESIDENT INFORMATION

Current or Former City of Irwindale
Employee (non-resident only)

Community Volunteer
(requires council approval)

Employment History:

Department Position/Title From (Date)/To (Date)

Volunteer History:

From (Date)/To (Date): _____ Department: _____

Event/Activity: _____

SECTION D: DECLARATION

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge. I understand that if I willfully misrepresent or recklessly disregard any fact on this application, the above name will not be engraved on the Irwindale Veterans Monument.

Signature: _____

Printed Name: _____ Date: _____

*Applicants must receive confirmation of a submitted application from this office in order for the respective Veteran's name to be inscribed by the Veterans' Day Ceremony in November. Please call (626) 430-2299 if you have not received confirmation within four weeks after your submission.

OFFICE USE ONLY

City Council Action Date (if required) : _____ Approve Deny

Date Added to Monument: _____