



Spring Grove Area Veterans Memorial Biographical Information for Inclusion on the Memorial



Date: _____

Veteran's Last Name First Name MI (optional) Relationship Veteran's Contact Info (email or phone)

IT IS UP TO THE SUBMITTER TO VERIFY THAT THE INFORMATION SUBMITTED IS TRUE AND ACCURATE.

Information sought includes:

- Date of Birth _____ Date of Death _____ Buried Where _____
- Branch of Service _____ Highest rank _____ Dates Served (Years) Served During Which War(s) _____
- Military Specialty _____ Bases of Assignments _____
- Ties to Spring Grove Before Enlisting or After Discharge _____
- Schools Attended _____ Military Decorations _____
- After Service (lived & worked where) _____
- Married and Family _____ Lives Where Now? _____
- Died _____ Buried Where _____ Other Information _____

Font Calibri (Body) no smaller than 18 pt. Text must fit on one PowerPoint slide. See example slide.

Include two photographs (digital preferred) of veteran during service and of present day.

Submitter's Last Name Submitter's First Name Submitter's MI (optional) Relationship to Veteran

Submitter's Address City State Zip Code Phone #

Submitter's Signature Date

Email it to:

charliesylling@gmail.com

OR Mail This Form To:

**Spring Grove Area Veterans Memorial Group, LLC
P.O Box 7,
Spring Grove MN 55974**

Office Use	
Information Entered Into Database By	Date
Final Draft Approved by Submitter	Date



Year

Highest Rank Branch of Service
 Years When He/She Served (YYYY-YYYY)

Year

Space for Text from Veteran or Family

Text must fit on one slide.

Suggested inputs:

Ties to Spring Grove— lived where before enlisting...

Schools ...

Military Specialty—Units, Location, Speciality

Bases of assignments ...

Military Decorations ...

After service ...

Married and family ...

Lives where now? ...

Died

Submitted By: Name and phone #

Spring Grove Area Veterans Memorial

POLICY FOR ADDING VETERAN'S BIOGRAPHICAL INFORMATION TO THE SPRING GROVE AREA VETERANS MEMORIAL

Version Approved January 9, 2023

The veteran must have his or her name listed on or be approved to be listed on the Memorial.

Type of Service: Army, Navy, Air Force, Marines, Coast Guard, and Reserves, Merchant Marine in time of war, National Guard.

Type of Discharge: Honorable or General

VETERAN OR HIS OR HER FAMILY AGREES THAT ANY INFORMATION SUBMITTED FOR INCLUSION ON THE MEMORIAL WILL BE PLACED IN THE PUBLIC DOMAIN. SUCH INFORMATION WILL BE PLACED ON THE WWW.SPRINGGROVEVETERANSMEMORIAL.ORG WEBSITE AND BE AVAILABLE FOR VIEWING BY THE GENERAL PUBLIC.

It is up to the submitter to verify that the information submitted is true and accurate.

Information sought includes:

- Veteran's Full Name
- Two photographs (digital preferred), one of veteran during service and one of present day.
- Highest rank
- Branch of service
- Years when served (YYYY-YYYY)
- Military specialty –units, locations, specialty
- Bases of assignments (US and overseas)
- Ties to Spring Grove – lived in SG before enlisting or after discharge ...
- Schools attended
- Military decorations ...
- After service ... (lived and worked where)
- Married and family ...
- Lives where now? ...
- Died
- Buried where
- Font Calibri (Body) no smaller than 18 pt.
- Text must fit on one PowerPoint slide.

The veteran or submitting family member will be allowed to review and proof the information, and he or she is solely responsible for its accuracy.

The veteran or submitting family member will be allowed to request removal of the any or all information from his or her biography. Such request must be submitting in writing.