



*"HONORING YESTERDAY'S AND  
TODAY'S VETERANS WHO SERVED OUR  
COUNTRY DURING A CONFLICT."*

*Veterans' War Memorial  
Sadowski Parkway*



## **ATTENTION WAR VETERANS: REQUEST TO ADD YOUR NAME TO THE MEMORIAL**

Any eligible war veteran not included on the memorial may request to have their name placed on the memorial by filling out the form below. The form must be submitted to the City Clerk's office along with a copy of Form DD214.

**SUBMISSION DEADLINE OF ELIGIBLE WAR VETERAN  
APPLICATIONS IS SEPTEMBER 30, 2021.**

☐ **YES!** WE WOULD LIKE TO HAVE MY OR A NAME PLACED ON THE MEMORIAL.

NAME OF VETERAN OF WAR \_\_\_\_\_

CONFLICT(S) SERVED \_\_\_\_\_ YEAR(S) OF SERVICE \_\_\_\_\_

ADDRESS AT THE TIME OF SERVICE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON REQUESTING THE NAME TO BE ADDED: \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATION TO VETERAN \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### **SUBMIT APPLICATIONS TO:**

City of Perth Amboy – City Clerk's Office  
260 High Street • Perth Amboy, New Jersey 08861  
Phone 732.826.0290 • FAX 732.826.1160

### **OFFICE USE ONLY**

Rcvd: \_\_\_\_\_

Date: \_\_\_\_\_

Application # \_\_\_\_\_

Rcvd By: \_\_\_\_\_

Sent to Mayor on: \_\_\_\_\_