City of Revere Veteran Memorial Pole Request Form

Thank you for your interest in obtaining a Veteran Memorial Pole in the City of Revere. Fill out the form as completely as possible and return to the Veteran Services Office at 249 Broadway Rear, Revere, MA 02151. Please review the Regulations for the Installation of Veterans Memorial Poles on the City of Revere Veterans Office webpage before filling out this application. Call 781-286-8100 with any questions.

I. Requestor's Information

- a. Full Name _____
- b. Email Address: _____
- c. Phone Number: _____
- d. Relationship to Veteran: _____

II. Veteran's Information:

- a. Full Name of Veteran: _____
- b. Branch of Service (Please Circle Applicable Branch):
 - i. Army
 - ii. Marine Corps
 - iii. Navy
 - iv. Air Force
 - v. Space Force
 - vi. Coast Guard
 - vii. National Guard

c. Date of Start of Service: _____

- d. Date of End of Service: _____
- e. Where was the Veteran born (City, State): ______

f. Where did the Veteran grow up/spend most of his/her life (City, State):

g.	Veteran's Spouse Full Name (if applicable):
h.	Veteran's Children(s) Name(s) (if applicable):
i.	Which eligibility criteria applies to the Veteran (Please Circle All that Apply):
1.	
	i. Deceased Service Member who died while on active duty (KIA)
	ii. Deceased Service Member who served in a hostile environment
	iii. Deceased Prisoner of War (POW)
	iv. Deceased Missing in Action (MIA)
	v. Deceased Service Member who was awarded decorations for combat
	including the Medal of Honor, Distinguished Service Cross, Air Force
	Cross, Navy Cross, Distinguished Service Medal, Silver Star, Bronze
	Star with Valor, or Purple Heart
	vi. Deceased Service Member with at least twenty years of active-duty military service
j.	Please write a brief description of the Veteran's service below:

Thank you. Please return by mail or in-person to:

Veteran's Service Office 249 Broadway Rear Revere, MA 02151