



SAINT PETER AREA VETERANS MEMORIAL

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SERVICE WALL APPLICATION

Honor your veteran, such as a parent, grandparent, family member or relative, living or deceased, by placing their name on the Saint Peter Area Veterans Memorial in perpetuity. Veterans included on the Memorial Service Wall do not need to be Saint Peter area residents.

Cost: \$200 (tax deductible)
Cost increases to \$250 after
December 31, 2016.

Complete form below and make
check payable to:
Saint Peter Area Veterans Memorial
Association

Send to:
Veterans Memorial
PO Box 292
Saint Peter, MN 56082

Branch of Service Codes

USAF – Air Force	USANC – Army Nurse Corps
USCG – Coast Guard	USNNC – Navy Nurse Corps
USAFR – Air Force Res.	WAVES – Women Appointed for Voluntary Emergency Service
USCCGR – Coast Guard Res.	WASP – Women’s Air Force Service Pilots
ANG – Air National Guard	WAF – Women in the Air Force
USMC – Marine Corps	WAFS – Women’s Auxiliary Ferrying Squadron
USA – Army	WAAC – Women’s Army Auxiliary Corps
USMCR – Marine Corps Res	WAC – Women’s Army Corps
USAAC – Army Air Corps	WFTD – Women’s Flying Training Detachment
USN – Navy	WMSC – Women’s Medical Specialist Corps
USAAF – Army Air Force	SPARS – Women’s Coast Guard Reserve
USNR – Navy Res.	MCWR – Marine Corps Women’s Reserve
ARNG – Army Nat. Guard	
USMMS – Merchant Marine	
USAR – Army Reserve Service	

This box represents actual display size (7x3)

Print Name (First)	(MI)	(Last)
Rank	Branch of Service (Use Service Code)	Conflict or Years of Service (xxxx - xxxx) Indian Campaign, Civil War, Spanish American War, WWI, WWII, Iraq, Korean, Vietnam, Persian Gulf, Afghanistan

Note: Each line is limited to 21 characters. Spaces and periods count as a character. Please abbreviate as necessary to fit.

Service members who lost their life while in the service, and whose home address was within 10 miles of St. Peter when they joined the service, or when they died, will have their names and photos on the Honor Wall at no charge to their family. Please see the Honor Wall Form for more information.

Submitter Name _____ Address _____
Telephone _____ Email _____

Please consider my application for a sponsorship due to financial hardship.

Forms and other information can be found online: www.stpetervetsmemorial.org