MARION COUNTY VETERANS MEMORIAL

East Lawn Cemetery East Main Street Salem, Illinois

Request for Adding Name of Deceased Veteran To Marion County Veterans Memorial

Veterans must have lived in Marion County to be listed on the Memorial.

Print Name of Veteran:				
Last		First	Mic	ldle Initial Only
Served in	War.	Branch of Service		
Dates of Service, if known		Serial Number		
Was this Veteran killed in action?	_ If so, whe	ere		
Date of Birth		Date of Death		
Place of burial				
Any other information that you feel is	pertinent: _			
Form completed by:	Print Name			
	Prini Name			
Address:				
Street	City		State	Zip
Relationship to veteran		Phone Number	er	
		Signed		
		Date:		

This form must be submitted by April 1st. Names will be added to the Marion County Veterans Memorial during the month of May each year.

It is not mandatory that you make a donation, however donations are appreciated!

Please return to: City of Salem

Bev Quinn, City Clerk 101 South Broadway Salem, IL 62881

Phone: 618-548-2222, ext. 20 e-mail: cityclerk@salemil.us