

NIVM Name Submission Form

Instructions

Return the attached form and any supporting documents, along with any other information you wish to provide to the address below.

Please include a COPY of the Veterans DD Form 214 or an equivalent form showing honorable discharge. Please ensure all sensitive information such as social security number & military number are blacked out on these copies.

NIVM c/o Guy Sparrow
P.O. Box 258
Kirkland, IL 60146

Veterans Information

Name		Street Address Including City, State, and ZIP Code	
Telephone		Birthday	
Branch of Service		Dates of service	
Conflicts/Campaigns served		Medals Awarded	

Information of person submitting this form (If different from information above)

Name		Street Address Including City, State, and ZIP Code	
Telephone		Birthday	
Relation to Veteran		Email Address	

Signature & Name of person submitting this form:

Signature

Name

Date



To Whom It May Concern,

Honoring our Nation's Veterans is of utmost importance to us, which is why we offer the opportunity for honorably discharged Veterans to have their name added to our Veterans Memorial Wall. Submit a request today by following the directions below and filling out the attached form. Our dedicated committee will review the submission and reach out to you.

Return the attached form and any supporting documents, along with any other information you wish to provide to the address below.

NIVM c/o Guy Sparrow
P.O. Box 258
Kirkland, IL 60146

Thank you

Sincerely, The Northern Illinois Veterans Memorial Committee