

## PASSAIC COUNTY DEPARTMENT OF SENIOR SERVICES, DISABILITY AND VETERANS AFFAIRS



AGING • DISABILITY • VETERANS AFFAIRS • PARATRANSIT NUTRITION SERVICES • ENERGY ASSISTANCE ADULT DAY CARE

## MILITARY COMMEMORATIVE VETERAN'S REGISTRATION FORM

<u>Veteran's Information</u> :		Date of Application:	
Veteran's Name: _	Last Name	First Name	
	Lastrano		
City:	State:	Zip Code:	
Borough:	Phone Number:	Email:	
Service Information	tion:		
Branch of Service	:Se	Service Dates:	
Conflict (□Check) □ WWII □ Lebanon □ Panama □ Vietnam □ Afghanistan	<ul> <li>□ Operation Enduring Freedom</li> <li>□ Bosnia &amp; Herzegovina (Operation Joint Endeavor/Operation Joint Guard)</li> <li>□ Korean War</li> <li>□ Iraq</li> </ul>	<ul> <li>□ Grenada</li> <li>□ Operation Desert Shield Desert Storm</li> <li>□ Somalia</li> <li>□ Haiti (Operation Uphold Democracy)</li> <li>□ War on Terror</li> </ul>	
(NOT for training)	ed above is □ NOW or □ WAS a Passaic County F To:		
*If you are applyir	olicants Signature: ng on behalf of a Veteran, please include the fo		
Address:			
City:	State:_	Zip Code:	
Phone Number:	Is Vetera	an Deceased: ☐ Yes ☐ No	
Relationship to Ve	teran:		
<ul> <li>Would you like t document is ker</li> </ul>	he County Clerk's Office to record a copy of your I ot confidential.	DD214? This service is free of charge and your	
charge. Please enclose a co	o obtain a Passaic County Clerk's Office Veteran I opy of the Form DD214 Record of Service & Honora eran Services 930 Riverview Drive, Suite 200, To	able Discharge. This completed form & DD214 should	



**Shirley Force, Executive Director** 

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