



Frank J. Gaffney Purple Heart Recipients 2019 Book of Honor

SALUTATION (CIRCLE ONE): Mr. Mrs. Ms. Dr. Deceased ___Yes ___No

LAST NAME: _____ DATE OF BIRTH: _____

FIRST NAME: _____ BRANCH OF SERVICE: _____

MIDDLE NAME: _____ YEARS OF SERVICE: _____

Please note, you must provide a copy of your discharge papers listing your Purple Heart(s).

PLEASE PROVIDE **COMPLETE** MAILING ADDRESS:

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: _____ Email Address: _____

Please return form to:

Niagara County Clerk's Office, Attn: Thank-A-Vet, PO Box 461 Lockport, NY 14095-0461



The 2019 Frank J Gaffney Purple Heart Recipients Book of Honor will be unveiled on August 7, 2019

Forms must be completed and returned to the Niagara County Clerk's Office by Friday, June 3rd, 2019

Thank you for your service and sacrifice!

Joseph A. Jastrzemski
Hon. Joseph A. Jastrzemski
NIAGARA COUNTY CLERK

For Office Use

Date Received: _____

DD-214: _____

Date Added: _____

Initials: _____