



Frank J. Gaffney Purple Heart 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 Frank J Gaffney Purple Heart Recipient Book of Honor is on permanent display in the rotunda of the Niagara County Courthouse
The Book of Honor is celebrated and updated annually on National Purple Heart Day, August 7th.
Forms must be completed and returned to the Niagara County Clerk's Office by Tuesday, June 1, 2021

Thank you for your service and sacrifice!

For Office Use
Date Received: _____
DD-214: _____
Date Added: _____
Initials: _____

Hon. Joseph A. Jastrzemski
NIAGARA COUNTY CLERK