



Louisiana Veteran Data Submission Form

Date _____

Full Veteran Name _____

Home Parish _____ Home City _____

Service Branch(es) _____

Rank/Position/Unit _____

War(s) _____

Service Time _____ Service Places _____

Medals / Citations _____

Special Status _____

Comments _____

Person submitting data _____

Mailing Address _____

City, State, Zip _____

Phone number(s) _____

Email address _____

RELEASE: The undersigned hereby agrees to allow the LA Military Hall of Fame and Museum to store and display the information listed above and acknowledges they have the authority to do so. All personal and/or confidential information that is not to be included has been removed. The Museum is not liable and is held harmless for the inadvertent display of information that undersigned did not wish to be shown and had failed to remove. However, the undersigned may direct the Museum to remove any item provided at any time.

Signed _____

Printed _____