

Veteran's Memorial Marker

Request Form

GENERAL: This form is to be used to request a Memorial Marker for a deceased veteran of the Armed Services

CRITERIA: The following information will be used to help determine the eligibility of an individual:

- Served with honor, in a branch of the United States Armed Services
- Be deceased
- Person making request must be a Lumpkin County Taxpayer
- Present of Official Documentation, or acceptable evidence
- Deceased must have lived in Lumpkin County at one time

COSTS: A one time donation of \$ 75.00 is requested for each marker to assist in deferring marker costs.

Required Information: Please Print or Type

Full Name: _____

(As to be displayed on the marker)

Military ID Number _____ KIA POW MIA

Branch (Circle): ___ Army ___ Navy ___ Coast Guard ___ Marines ___ Air Force

War/Conflict (Circle): WWI WWII KOREA VIETNAM IRAQ AFGANISTAN NONE

Documents (Circle): DD214 Discharge Certificate Service Certificate Separation Record None

Requesting Individual

Full Name _____

Address _____

Town _____ State _____ Zip _____

Phone _____

Email _____

**Send This Form to: American Legion Post 239 Marker Fund
132 Legion Road, Dahlonega, GA 30533**

**All donations to the Marker Fund are tax deductible (This form revised 4/3/22)*