

**GENERAL**: This form is to be used to request a marker for a veteran or active duty service member of the armed services.

To ensure a deceased veteran service member is honored ahead of the upcoming **Veteran's Day 2025**, please complete and submit the form by **Oct 6, 2025**, submissions sent in after the deadline will be reviewed for a marker in time for the next installation.

MARKER LOCATIONS: Rock Creek Veterans Park and thoroughfares in Gainesville/Hall County.

**CRITERIA**: the following information will be used to help determine the eligilibity of an individual.

- 1. Served, with honor, in a branch of service of the Us Armed Services (Veteran or Active Duty Service Member)
- 2. The person making the request must live or work in Hall County
- 3. Presentation of official documentation or other evidence acceptable to the selection committee of the veteran's eligibility
- **COST:** \$104.00 credit card (\$4.00 convenience fee is not refundable) \$100.00 check (payable to Rotary Club of Hall County)

A one-time application fee for each marker covers the maintenance, installation and perpetual care.

In the event you need supporting information visit

http://vetrecs.archives.gov/

## Questions should be directed to:

therotaryclubofhallcounty@gmail.com

## Complete and send the attached form with supporting documentation to:

The Rotary Club Of Hall County C/O Salute Our Veteran's Fund 250 John Morrow Parkway Ste 121 #189 Gainesville, Georgia 30501

This form can also be completed online. To do so, visit: <u>https://rotaryclubhallcounty.org</u>

If you choose to complete the form online, you can make your payment using the QR code to the right. Scan it with you phone to make your payment via Paypal.



## **REQUEST FORM**

## NAME:

(print or type Veteran's name as you wish it to be displayed on the marker)

MILITARY ID:					
DECEASED			Am Revolution Am Civil War WWI WWII Korea Vietnam Persian Gulf Dominican Republic Lebanon OTHER, specify:	Grenada Panama Somalia Kosovo Bosnia Afghanistan Phillipines Iraq	
VERIFYING DOCU	IMENTS	DISCH			
—					
WWII		SEPAF	SEPARATION RECORD		
CERTIFICAT	E OF SERVICE		OTHER, SPECIFY:		
PHOTO OF	CEMETERY MARKER				
FULL NAME					
CITY		STATE			
ZIP CODE PHONE #					
EMAIL ADDRESS					
DO YOU LIVE IN	OR WORK		IN HALL COUNTY?		
	(CHECK IF YES)	(CHE	CK IF YES)		
1					

Check this box if you prefer recognition of your veteran using the alternative to the cross marker. (You will be contacted to discuss the alternative.)