

HALL OF HEROES NOMINATION FORM

William S. Middleton Memorial Veterans Hospital

Date:

Veteran Name: Last 4 SSN:

Nominated By:

Address:

City/State/Zip:

Phone: Email:

Please include in your nomination package:

- Copies, not originals, of the nominee's military awards/citations
- Signed Authorization for Verification Form
- Brief summary of what lead to the award/citation (350 words or less)

HALL OF HEROES VERIFICATION FORM

1. I am interested in being considered as a possible veteran honored at the Veteran's Hospital of Madison's Hall of Heroes display.
2. I authorize the required verification of my military records using several available such as County, State, Federal and Military records.
3. Citations and Decorations need to be verified to ensure fairness to all applicants and families of veterans.
4. The Hall of Heroes is a public display and the news media could be interested with appropriate pictures and stories in local, state and possibly national media.

I agree to these guidelines and allow verification of my personal military records.

SIGNATURE:

NAME:

ADDRESS:

CITY/STATE/ZIP:

EMAIL:

TELEPHONE:

FAMILY CONTACT IF NOMINEE IS DECEASED:

SIGNATURE TO AUTHORIZE RECORDS CHECK:

WITNESS OF AUTHORIZING SIGNATURE:

DATE: