

VETERANS MONUMENT FORM

If you are a veteran of any branch of service and have ever lived in Cowpens or within a five-mile radius of Cowpens, please fill out this form and return it to:

Town of Cowpens
Attn: Veterans Committee
P. O. Box 1399
Cowpens, SC 29330

Date: _____

Name: _____ Telephone # _____

Address: _____ Date of Birth: _____

_____ Branch of Service: _____

Years of Service: _____ Deceased _____ Living _____

Closest Relative: _____ Telephone # _____

Address of Closest Relative: _____

World War II _____ Korean War _____

Vietnam War _____ Persian Gulf War _____

Operation Enduring Freedom _____

Additional Comments:
