

COBDEN VETERANS MEMORIAL

REQUEST FOR INCLUSION ON MEMORIAL

Full Name of Veteran: _____

Date of Death: _____

Branch of Service: _____

Dates Served (if known): _____ to _____

Check if applicable: POW MIA Died in Service

Proof of Service:

Please provide **ONE** of the following:

Copy of Enlistment

Copy of Discharge

Copy of Obituary

Photo of Veterans Administration Grave Marker

Photograph in Uniform

Other Documentation of Service: _____

Name of Person Submitting Application: _____

Address: _____

City, State, Zip: _____

Send to: Village of Cobden – Veterans Memorial
P O Box 218
112 East Maple Street
Cobden, IL 62920

For more information, contact the Village Hall (618) 893-2425 or cobdenvillage@gmail.com

There is no payment due for having a name added to the monument. However, if you wish to make a donation to the Veterans Memorial Fund, make the check payable to **Cobden Veterans Memorial Fund.**