

Racine County Veterans Services: Veteran of the Month Nomination Form

Veterans Information

Veteran Name

Date of Birth

Telephone

Home Address

Email

Reason for Nomination

****Please send or Attach a Photo of Veteran****

Nominator's Information

Nominator's Name

Relation to Vet

Telephone

Home Address

Email

I have read the nomination guidelines and attest that the above information is accurate and true. If Racine County is unable to verify Veteran Status, we may request additional information. If selected as a "Veteran of the Month" I agree to allow Racine County to recognize nominated veteran by sharing this accomplishment via press release and social media channels.

Signature of Nominator

SEND COMPLETED FORM TO

Racine County Veterans Service Office
1717 Taylor Avenue
Racine, WI 53403
Fax: 262-638-7052
Email: Shawn.Rivers@racinecounty.com

