



Veterans Memorial Joshua City Park

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The City of Joshua is accepting applications for bricks for the Joshua Veterans Memorial flooring to honor our Veterans. Each brick will have three lines of information available. The veteran's name and information will be engraved into a customized brick and set below the corresponding branch of service.

Requirements for submittal:

- * Veterans must have an Honorable or General-Under Honorable Conditions Discharge
- * A copy of the service member's DD214 or other official paperwork
- * Service member's dedicatory Information
- * A payment of \$100.00
- * Completed application form

Incomplete applications will not be accepted. **All submissions are contingent upon City Council approval.** Applications will be collected and approved on an annual basis. Engraving will be scheduled, and a ceremony will be scheduled on Memorial Day.

| Section 1 – Veteran's Information | | | |
|---|------------|---|-----------|
| Rank | First Name | Middle Initial | Last Name |
| Military Branch – Circle One | | Please circle if applicable | |
| Army Navy Marine Air Force Coast Guard | | KIA POW MIA | |
| Dates of Active Service: | | Is this Veteran receptive to a phone call for information regarding their dedicatory information? | |
| | | Yes No | |
| Wars and Campaigns Served | | Medals, Awards, and Honors | |
| | | | |

| Section 2 – Veteran's Dedicatory Information as it will appear on the wall |
|--|
| <p>Fill out the template below to indicate how you request the veteran's dedicatory information to be displayed on the brick.</p> <p>Line 1 Rank abbreviation – First & Last Name (initial permitted if spacing allows)</p> <p>Line 2 Dates of Service</p> <p>Line 3 Wars/campaigns served/medals & honors received. There will be one space used between each abbreviation of military honors. *Please note that the official military abbreviations will be used for consistency.</p> <p>Example: COL John A Doe 1968-1988 Vietnam NDSM VCM</p> |
| Line 1 |
| Line 2 |
| Line 3 |

| Section 3 – Purchaser's Information | | | |
|---|--|------------------------|----------------|
| Name | | Phone Number | |
| Address | | City | State Zip |
| Email | | Alternate Phone Number | |
| Signature of Purchaser | | | Date |
| Payment Type - Circle One Check Cash Credit Card | | | Date Paid: |