STARK COUNTY VETERAN OF THE YEAR

NOMINATION FORM

NOMINEE INFORMATION

Full Name _____
First Middle Last

Address _____
Street City Zip Code

Stark County Resident ☐ Yes ☐ No (***Not Eligible for Nomination)***

Primary Phone _____ Email _____

Branch(es) of Service *(indicate all branches)*

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Space Force

NOTE: ***Discharges for all periods of service must be attached***

NOMINATOR INFORMATION

Full Name _____
First Middle Last

Address _____
Street City Zip Code

Primary Phone _____ Email _____

Please initial the following:

_____ Nominee's Discharges for All Periods of Service Attached

_____ Nomination Letter Attached

I hereby affirm the information herein is accurate to the best of my knowledge.

_____ _____
Signature of Nominator Date

2955 Wise Ave. N.W., Canton OH 44708 | 330.451.7457 | Fax 330.451.7469 | www.starkcountyohio.gov/veterans