

Lauderdale West VETERANS INFORMATION SHEET

DATE:
NAME:
ADDRESS:
ADDRESS.
OF L. DUONE NUMBER.
CELL PHONE NUMBER:
LANDLINE NUMBER:
EMAIL ADDRESS:
DRANCH OF CERVICE.
BRANCH OF SERVICE:
RANK:
YEARS OF SERVICE:
LOCATION OF DEPLOYMENT:
LOCATION OF DEFLOTMENT.
ADDITIONAL PERTINENT INFORMATION: