

SDDOM/SDDVA Fallen Heroes Bridge Dedication Application

December 2019

SUBMITTER'S INFORMATION

Name:

Connection to Veteran:

Phone:

Address:

City:

State:

Zip Code:

Email:

VETERAN MILITARY INFORMATION

Veteran's Name:

Date(s) of Service: From:

To:

Social Security Number:

Service Number, if applicable:

Date of Casualty:

Place of Casualty:

Home of Record at Time of Entry:

DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED

Please list all:

Description of Casualty:

List all Foreign Service:

Preferred State Bridge Site:

Located Near What City:

SIGNATURE

I certify that the information contained above is true and correct to the best of my knowledge.

Signature of Submitter:

Date:

For Fallen Heroes Bridge Committee Use Only

_____ Approved

_____ Disapproved

Comments:

Signatures:

SDDVA: _____

SDDOM: _____

Policy: _____

Completed form and supporting documentation should be sent to: South Dakota Department of Veterans Affairs, Attn: Fallen Heroes Bridge Dedication Program, 425 E. Capitol, Pierre, SD 57501.