

**Stamford Veterans Park Partnership, Inc.**  
**Veteran & Military History Program**

You are invited to participate in the Stamford Veterans Park Partnership *Veteran & Military History Education Program*. The following questions are designed to help document your or a member of your family's service to our country. Your information will be used to help educate others about veteran service and military history through our website and used in our education program. Once received, the information will be translated into our presentation format, and a copy return to you for final approval before posting. Thank you for your service, sacrifice, and willingness to be part of this program.

**Veteran's Name:** \_\_\_\_\_

**Note:** If the veteran is deceased and a family member or friend is completing this form, please include date of passing.

**Date of Birth:** \_\_\_\_\_

**Date of Passing:** \_\_\_\_\_

**Years Living in Stamford:** \_\_\_\_\_

**Branch of Service:**

U.S. Army

U.S. Navy

U.S. Air Force

U.S. Marine Corps

U.S. Coast Guard

**Year / Age Entering into the Service:** \_\_\_\_\_

**No. of Years Served:** \_\_\_\_\_

**Theatre of Service:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Awards / Decorations / Ribbons / Recognition:**

Congressional Medal of Honor

Navy Cross

Air Force Cross

Silver Star

Bronze Star

Purple Heart

**LIST ADDITIONAL RECOGNITIONS HERE:**

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Recollections / Stories of Note:** \_\_\_\_\_

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Please attach additional pages if needed / type written preferred. Photos and copies of awards, medals, decorations, etc. are welcome.

Name of Person Completing This Form:

Please Print

Date

Signature & Relationship to the Veteran

Email

Phone

**PURPLE HEART CITY**

If you received a Purple Heart and would like to be included in Stamford's Veterans efforts to establish *Stamford as a Purple Heart City*, please sign here so we may share your information with **Stamford's Veterans Council** for this effort. Please note any exclusions you don't want to share.

**Return this form to: Colleen Harkey, Executive Director**  
**Email: harkeyvppartnership@gmail.com**  
**Mail: Stamford Veterans Park Partnership, Inc.**  
**22 First Street | Stamford, CT | 06840**

**Please Note:** Unless otherwise specified in writing, participation in this program allows Stamford Veterans Park Partnership to include this information on our website and/or in our military history education program materials.