

HALL OF HEROES

Application Packet

Criteria for Veterans:

- Served in conflict or wartime
- Received military awards for valor and/or specific combat actions
- Currently or would have been eligible for care at the Madison VA Hospital and Clinics
- Connection to local VA and community

Please complete the following items:

- Hall of Heroes Application
- Copies** of nominee's military awards/citations
- Copy of DD214 (if available)

VA



U.S. Department of Veterans Affairs

William S. Middleton Memorial Veterans Hospital

HALL OF HEROES

William S. Middleton Memorial Veterans Hospital

Date:

Veteran Name:

Last 4 SSN:

Nominated By:

Address:

City/State/Zip:

Phone:

Email:

Description of heroism that led to award

Brief description of connection to local community (pre or post service)

HALL OF HEROES

Verification Form

1. I am interested in being considered as a possible Veteran honored at the Veteran's Hospital of Madison's Hall of Heroes display.
2. I authorize the required verification of my military records using several available sources such as county, state, federal and military records.
3. Citations and decorations must be verified to ensure fairness to all applicants and families of Veterans.
4. The Hall of Heroes is a public display and the news media could be interested with appropriate pictures and stories in the media. I authorize my pictures and/or stories to be used in media. I agree to these guidelines and allow verification of my personal military records.

SIGNATURE:

NAME (please print):

ADDRESS:

CITY/STATE/ZIP:

EMAIL:

TELEPHONE:

FAMILY CONTACT IF NOMINEE IS DECEASED:

SIGNATURE TO AUTHORIZE RECORDS CHECK:

DATE: