



# City of St. Peters

## Veterans Hall of Honor Application

The Veterans Hall of Honor is a program designed to honor St. Peters residents who have served or are currently serving in the United States Armed Forces. Sponsors may submit an application for a family member, friend or themselves. **To qualify, the veteran must be a current or past resident of St. Peters, must either be on active duty or have received a discharge under honorable conditions from one or more branches of the United States Armed Forces.** The cost is \$15 per plaque.

### Sponsor Information:

Name: \_\_\_\_\_

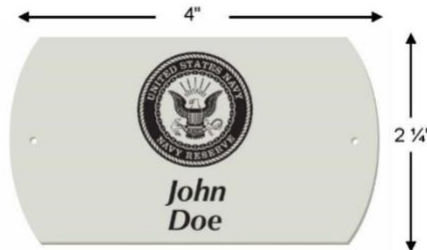
Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please print all information clearly and neatly. Font size and spacing may be adjusted to ensure information will fit on plaque. All sections must be completed and a separate application must be submitted for each veteran. Only veteran's name and branch of service trademark will be included on plaque.

Sample Plaque



<b>Section 1</b>	<p><b>Veteran's Name</b> <i>(print name as it will appear on plaque; First Name, Middle Initial, Last Name)</i></p> <p>_____</p>
<b>Section 2</b>	<p><b>St. Peters Residency (Required)</b></p> <p>Is the <b>veteran honoree</b> a current or past resident of the City of St. Peters, Missouri?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Address at the time of residency (if known)</b></p> <p>Address: _____</p>

<b>Section 3</b>	<p><b>Branch of Service the application is submitted for:</b></p> <p> <input type="checkbox"/> US Air Force    <input type="checkbox"/> US Army    <input type="checkbox"/> US Coast Guard    <input type="checkbox"/> US Marines    <input type="checkbox"/> US Navy  <input type="checkbox"/> US Merchant Marines    <input type="checkbox"/> US Army Air Corps    <input type="checkbox"/> US Space Force </p>
<b>Section 4</b>	<p><b>Copy of St. Peters Resident's Military Veteran Service Documentation</b> <i>(Only one required)</i></p> <p> <input type="checkbox"/> Copy of the most recent/current Report Separation (e.g., DD214) or Report of Casualty  <input type="checkbox"/> Copy of Current Active Duty Military ID </p>

Completed applications will be submitted to the Veterans Memorial Commission for approval. If an application is denied, the sponsor will be notified and a refund will be issued.

Plaques are installed at the Hall of Honor in the order applications are received. Plaques are not organized by branch of service or other qualifying means. Plaques are ordered and installed bi-annually prior to the St. Peters Memorial Day and Veterans Day ceremonies. Applications received after a bi-annual order date will be processed with the next succeeding order. Delay in installation may occur during periods when weather or temperatures prohibit proper plaque adhesive curing. The sponsor will be notified once a plaque is installed.

Sponsor attests that all information provided pertaining to the veteran is true and accurate, including St. Peters residency requirement and military veteran status. A copy of the Veteran's Military Report of Separation (e.g., DD214), Report of Casualty, or a Military ID for active military personnel must be submitted with the application. It is the responsibility of the sponsor to remove or cover the veteran's Social Security Numbers and other personal identifying information that will not limit the validation of one's military service.

Sponsor understands and agrees that all plaques placed in the Hall of Honor are the property of the City of St. Peters and may not be removed or altered. Decorations, memorabilia, or items such as these should not be left at the Veterans Hall of Honor. Any items left will be removed from the site. The City reserves the right to deny any request for a name that appears offensive in nature, regardless of its authenticity or accuracy (i.e., nicknames, etc.).

If it is determined that false information is provided for the St. Peters resident veteran, the plaque may be removed or held from installation to the Hall of Honor.

\_\_\_\_\_

Name (Printed)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

For Office Use

*Completed by CAC Staff:*

The following items must be included for submittal to the SSS Group Manager:

- 1) Application
- 2) Receipt of Payment
- 3) Copy of Report of Separation (e.g., DD214), Report of Casualty, or Current Military ID
- 4) Verify St. Peters residency (current or past)

Staff \_\_\_\_\_ Date \_\_\_\_\_

*Completed by Veterans Memorial Commission*

Application       Approved       Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Completed by Staff*

Plaque Order Date: \_\_\_\_\_ Plaque Installation Location: Section \_\_\_\_\_ Row \_\_\_\_\_

Date Sponsor Notified: \_\_\_\_\_