



# Frank J. Gaffney Purple Heart Recipients 2019 Book of Honor

SALUTATION (CIRCLE ONE): Mr.      Mrs.      Ms.      Dr.      **Deceased** \_\_\_Yes \_\_\_No

LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_

*Please note, you must provide a copy of your discharge papers listing your Purple Heart(s).*

PLEASE PROVIDE **COMPLETE** MAILING ADDRESS:

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please return form to:  
Niagara County Clerk's Office, Attn: Thank-A-Vet, PO Box 461 Lockport, NY 14095-0461



The 2019 Frank J Gaffney Purple Heart Recipients Book of Honor will be unveiled on August 7, 2019

Forms must be completed and returned to the Niagara County Clerk's Office by Friday, June 3rd, 2019

*Thank you for your service and sacrifice!*

Hon. Joseph A. Jastrzemski  
NIAGARA COUNTY CLERK

**For Office Use**

Date Received: \_\_\_\_\_

DD-214: \_\_\_\_\_

Date Added: \_\_\_\_\_

Initials: \_\_\_\_\_