



## GLVFA MEMBER MEMORIAL HONOREE REQUEST FORM

### GlenLakes Veterans and Friends Association

#### ABOUT THE REQUESTOR

REQUESTOR NAME (required)

REQUESTOR EMAIL (required)

[ \_\_\_\_\_ ] [ \_\_\_\_\_ ]

REQUESTOR ADDRESS (required)

REQUESTOR PHONE (required)

[ \_\_\_\_\_ ] [ \_\_\_\_\_ ]

#### ABOUT THE HONOREE

HONOREE NAME (required)

HONOREE DATE OF PASSING (required)

[ \_\_\_\_\_ ] [ \_\_\_\_\_ ]

DESIRED DATE TO HONOR AT MEMORIAL (required)

[ \_\_\_\_\_ ]

BRANCH OF MILITARY SERVICE (CHECK ONE) (required)

[  ] MARINES [  ] ARMY [  ] NAVY [  ] AIR FORCE [  ] SPACE FORCE

[  ] COAST GUARD [  ] OTHER (PROVIDE COMMENT BELOW)

COMMENTS (optional):

Submit this form at any GLVFA meeting or mail this completed form to the following address:

**GLVFA MEMORIAL HONOREE REQUEST**  
**PO Box 5253**  
**Spring Hill, FL. 34611**