



Submission Form
Military Service Recognition Book
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General Information Required for Story Submission		
Save and attach this form to your email or print and mail it.		
Name of Military Person being Recognized:		
Last name:	First Name:	Initial:
Place of Birth:	Year of Birth:	Year of Death:
Service: WWI <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Special Duty Area <input type="checkbox"/> Peacetime <input type="checkbox"/> Other: _____		
Branch of Service: Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Merchant Navy <input type="checkbox"/> Other: _____		
Service Unit:	<i>i.e. North Shore, Carleton York, CWAC, Names of Ships, Squadrons, etc.</i>	
Areas Served in:	<i>i.e. Canada, High Seas, England, C/E, Korea, SDA (Please name), etc.</i>	
Deceased in Action? Yes <input type="checkbox"/> No <input type="checkbox"/> Year of Death: _____		
Where Deceased _____		
Was or is a Member of a Legion Branch? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name & #: _____ How many years? _____		
<u>Information on person submitting form:</u>		
Submitted by (First & Last Names): _____		
Branch # _____	LA # _____	Individual _____
Contact Information:		
Tel # _____ Cell # _____		
E-mail _____		

Additional Information: Please attach a separate page containing up to 500 words and photographs.
 (Example awards for bravery i.e. VC, DSC, DFC, MC, MM, etc., POW)