



## TOWN OF COLONIE VETERANS PROJECT



In an effort to honor Colonie veterans for their service to our country, Town Supervisor Mary Brizzell announced the Colonie Veterans Project in Spring of 2003. The goal of the project is to create a comprehensive pictorial gallery, with corresponding database of service information for all veterans who have resided in the Town. The gallery is intended to honor veteran patriotism and sacrifice while allowing present and future generations to recognize the individuals within the Colonie community that served our nation in times of need.

### **WHO IS ELIGIBLE?**

Veterans, living or deceased, who served in World War I, World War II, Korea, Vietnam, the Persian Gulf War, Iraq, or at any other time are eligible to participate in the program. The project is open to veterans presently residing in the Town of Colonie, and to those who have resided in the Town in the past. Men and women from all military branches of service – Army, Army Air Corp, Air Force, Navy, Marine Corps, Coast Guard and Merchant Marine will be documented.

### **HOW DO VETERANS AND THEIR FAMILIES PARTICIPATE?**

Veterans or family members wishing to participate should complete the Service Data Form on the reverse side of this flyer and bring one, 8 inch by 10 inch or smaller wartime photograph of the veteran (in uniform if possible) to any of the locations listed below. The photo will then be digitally scanned by a volunteer and returned immediately. The database of service information will be created from the facts collected on the Service Data Forms. The entire process should take no more than a few minutes.

Veterans deserve our profound appreciation for the freedoms that we enjoy today. Please help us honor them by participating in the Town of Colonie Veterans Project. Together, we can create a lasting collection that will inform and educate members of our community for years to come.

### **WHERE CAN I SUBMIT THE SERVICE DATA FORM?**

**Town Clerks Office** - 783-2734 - *during regular business hours*

**Melissa Shaw** – Police Department at 782-2662 - *by appointment only*

**Maureen DeLaughter** – Town Library at 458-9274 - *by appointment only*

**Please visit the Veteran's Web site at:**

**<http://www.colonie.org/vetproject/>**

# Town of Colonie Veterans Project - Service Data Form

## Part I - Basic Information

Veteran's Name: (Please print)

Last First Middle

Applicant's Name: (Only if different than Veteran's Name)

Last First Middle

Veteran's Address: (One address must be in the Town of Colonie)

Current Address Address at Time of Service

Applicant's Telephone No.:

Is the Veteran:

Living  Deceased

## Part II - Service Information

Conflicts: (Check all that apply)

WWI  WWII  Korea  Vietnam  Persian Gulf  Other: \_\_\_\_\_

Branch of Service: (Check branches of service with which Veteran served during conflict(s) listed above)

USMC  Air Force  Merchant Marine  Army  Army Air Corps  
 Navy  Coast Guard  National Guard  Other \_\_\_\_\_

Years of Service:

From \_\_\_\_\_ to \_\_\_\_\_

Military Occupation or Type of Work Performed:

\_\_\_\_\_

Locations Served:

\_\_\_\_\_

Highest Grade Achieved:

\_\_\_\_\_

Was the Veteran Wounded In Action?

No  Yes (date) \_\_\_\_\_  
 (where) \_\_\_\_\_

Was the Veteran a Prisoner Of War?

No  Yes (date) \_\_\_\_\_  
 (where) \_\_\_\_\_

Was the Veteran Killed In Action?

No  Yes (date) \_\_\_\_\_  
 (where) \_\_\_\_\_

Was/Is Veteran listed as Missing In Action?

No  Yes (date) \_\_\_\_\_  
 (where) \_\_\_\_\_

List any Special Awards:

\_\_\_\_\_

I affirm that the information supplied on this Service Data Form is true and accurate to the best of my knowledge. I authorize the Town of Colonie, its agents or representatives, to use any information supplied by me under the Town of Colonie Veterans Project (Project), including photographs, in educational, historical or other displays including, but not limited to print, video and Internet. I grant consent to the Town of Colonie to submit information gathered from the Project to the New York State Veteran Oral History Program and/or the National Veterans Service Project. I acknowledge that certain information may be protected by the Privacy Act of 1974 and I hereby specifically consent to its disclosure. I understand that information not protected by privacy laws may be subject to records access laws and may be released to the public. All materials supplied become the sole property of the Town of Colonie. I release the Town of Colonie from any and all claims and demands arising from or in connection with the Project and the use of information supplied under the Project. As the Applicant, I am either the veteran described above or have the authority to supply such information on behalf of the Veteran.

Signature

(Required) \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICIAL USE ONLY

Date:

Location:

Collector's  
Initials