

The Butler County Veterans Service Commission will be honoring all County Veterans who wish to participate by submitting the attached application with a photograph at its 1st Annual Veterans Appreciation Day. Below is the submission instructions and deadline information.

Criteria:

Any Butler County resident who meets the following criteria is eligible to participate in the thank you celebration:

- Is currently a resident of Butler County OR was immediately preceding their passing
- Served in the Armed Forces and received a character of discharge <u>other than</u>
 Dishonorable or Bad Conduct
- Completes all of the steps below prior to the August 2, 2024 at 12:00 PM (WILL NOT BE ACCEPTED LATE)

What You Need to Submit:

- Completed application attached
- Submit a 5X7 high quality photo of the Service Person in uniform is preferred
 - Photo will not be returned, please do not send original photo
 - Electronic submissions <u>MUST</u> have the photo name with the Last Name, First Name of the veteran in a .JPG or .PNG format. Example: Smith, John
- Member 2 or 4 copy of Service Members DD214
 - o Records can be ordered by appointment with our office OR
 - Visit https://www.archives.gov/veterans/military-service-records

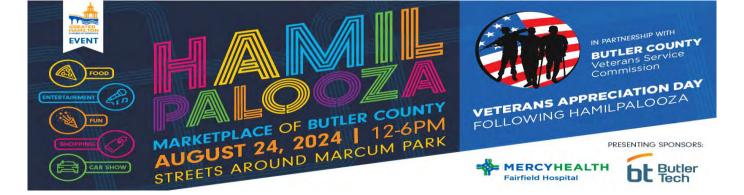
Please submit the application, photo, and proof of military service to:

vsc@bcohio.gov

In person or via mail to
Butler County Veterans Service Commission
315 High Street, 1st Floor Hamilton, OH 45011

FOR ALL QUESTIONS AND INQUIRES:

Email: vsc@bcohio.gov **Call:** (513) 887-3600



Butler County Veterans Service Commission Video Appreciation Board Program Application

		Rank, F	irst Name, Mid	dle Initial, Las	t Name*		
*Spelling of Service write legibly and ir							lease type or
s the Honoree	LIVING	G DEC	CEASED				
Honoree Dates of	Service: _						
Which branch of t Army Marine Corps		Navy	Coas	ve? (Check all : Guard e Force	that apply)		
Medals & Awards:	•						
Purple Heart	В	Bronze Star	Silver Star	Distinguishe	ed Service A	ward	Medal of Honor
s the Honoree:	MIA	POW	KIA				
Please complete th	ne followi	ng informati		•	should we h	ave any	questions.
Please complete the	ne followi	ng informati				·	
Please complete the	ne followi	ng informati				·	
Please complete the Name:Street Address:	ne followi	ng informati	City:_		State:	Ziţ	o:
PHOTO RELEASE A HEREBY GRANT P UNDERSTANDING COUNTY. I ALSO U	Email .CKNOWL ERMISSIO THAT THIS NDERSTAI	eng informati : EDGEMENT: IN TO USE THE SEMENTO, OF ND AND HOLO ORMATION.	City: City: HE ATTACHED P R ITS LIKENESS, I D THE BUTLER C	Relations HOTO IN THE N MAY BE USED F	State:ship (if not a /IDEO APPRE FOR PROMO RANS SERVIC	Zip pplicant ECIATION TIONAL CE COMN	