



# Frank J. Gaffney Purple Heart 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 Frank J Gaffney Purple Heart Recipients Book of Honor is on permanent display in the rotunda of the Niagara County Courthouse  
*The Book of Honor is updated annually on National Purple Heart Day, August 7<sup>th</sup>.*  
Forms must be completed and returned to the Niagara County Clerk's Office by Monday, June 1, 2021

*Thank you for your service and sacrifice!*

\_\_\_\_\_  
Hon. Joseph A. Jastrzemski  
NIAGARA COUNTY CLERK

**For Office Use**  
Date Received: \_\_\_\_\_  
DD-214: \_\_\_\_\_  
Date Added: \_\_\_\_\_  
Initials: \_\_\_\_\_