



Frank J. Gaffney Purple Heart Book of Honor

KIA ___ YES ___ NO

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:

NAME 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 7th.

Forms must be completed and returned to the Niagara County Clerk's Office

Thank you for your service and sacrifice!

For Office Use

Date Received: _____

DD-214: _____

Date Added: _____

Initials: _____

Hon. Joseph A. Jastrzemski
NIAGARA COUNTY CLERK