Alberta-NWT Command Legion

Submission Form

Military Service Recognition Book

PO Box 2275, Station "M" Calgary, AB T2P 2M6
vetbook@fenety.com 1-800-922-1877

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: WWl ☐ WWII ☐ Korea ☐ Special Duty Area ☐ Peacetime ☐ Other: _____

Branch of Service: Navy ☐ Army ☐ Air Force ☐ Merchant Navy ☐ Other: _____

Service Unit: *i.e. North Shore, Carleton York, CWAC, Names of Ships, Squadrons, etc.*

Areas Served in: *i.e. Canada, High Seas, England, C/E, Korea, SDA (Please name), etc.*

Deceased in Action? Yes ☐ No ☐ Year of Death: ☐

Where Deceased _____

Was or is a Member of a Legion Branch? Yes ☐ No ☐

Branch Name & No. _____ How many years? _____

Information on person submitting form:

Submitted by (First & Last Names): _____

Relation: _____

Branch Name & No. _____ LA # _____ Individual _____

Tel # _____ Cell # _____

E-mail _____

Please attach a separate page containing the Veteran's history and photographs.

(Example awards for bravery i.e. VC, DSC, DFC, MC, MM, etc., POW)