



The Rensselaer County Legislature is proud to announce that starting in May 2017 we will be honoring a live service member or veteran, for their service to our country.

We owe a great deal to our service members, our veterans, and their families. In an effort to thank and recognize them for their service to our Country, we would be honored to pass a resolution honoring them and proudly display a copy of this resolution and a photo of them in our “Hall of Heroes”.

This presentation will take place the second Tuesday of every month at our regularly scheduled meeting, here in the County Office Building, located at 1600 Seventh Avenue, in downtown Troy.

If you are interested or need additional information, please feel free to contact the Legislature at 518-270-2880.



Rensselaer County Legislature
1600 Seventh Avenue, Troy, NY 12180
or by email to: Renscoleg@rensco.com

Please note- the veteran must be from Rensselaer County



Rensselaer County Legislature's Honor A Service Member or Veteran Nomination Form

The Rensselaer County Legislature every month would like recognize and honor a living veteran at our monthly meeting. If you would like to nominate your hero, please fill out this nomination form and return it to the Rensselaer County Legislature, Attention Clerk, 1600 Seventh Avenue, Troy, NY 12180 or by scanning and emailing it to Renscolog@rensco.com

APPLICATION FOR RENSSELAER COUNTY HONOR-A- VETERAN

Submitted applications must be accompanied by a copy of veteran's Report of Separation/DD-214 or proof of service for active duty service members.

****Please include a picture****

NAME: (Please include maiden name if applicable)	
DOB:	
PLACE OF BIRTH:	
PARENTS' NAMES: (Please include mother's maiden name)	
BROTHERS & SISTERS:	
SPOUSE: (Please include maiden name if applicable)	
DATE AND PLACE OF MARRIAGE:	
CHILDREN'S NAMES:	
DATE AND PLACE OF ENLISTMENT:	
SIGNIFICANT MILITARY ASSIGNMENTS, ACCOMPLISHMENTS, AND AWARDS: (May be found on the DD-214)	
DATE OF SEPARATION: (If they are active duty; please note that that are active)	

EMPLOYMENT:	
DOES THE VETERAN BELONG TO ANY SPECIAL ORGANIZATIONS?	
<u>FAMILY CONTACT:</u> <u>NAME:</u>	
<u>ADDRESS:</u>	
<u>PHONE:</u>	
<u>RELATIONSHIP:</u>	
Any other information that may be helpful :	

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1600 Seventh Avenue, Troy, NY 12180
or by email to: Renscoleg@rensco.com
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Name of the person being nominated: _____

Please tell us a about this person you are nominating

Military Information

What Branch of Military (please circle): Army, Navy, Merchant Marines,
Rank currently or when discharged _____

Division: _____

Medals and or awards: _____

Family Information

Spouse: _____

Parents: _____

Children: _____

Name of the Person making the Nomination: _____

Contact Information for the person making the Nomination:
