



Veterans Marker  
Request Form

Date & Initials: \_\_\_\_\_

Name and War for Marker: \_\_\_\_\_

Requestors Name: \_\_\_\_\_

Requestors Address: \_\_\_\_\_

Requestors Phone Number: \_\_\_\_\_

Relationship to name on marker: \_\_\_\_\_

**Eligibility requirements for requesting a Veterans Marker:**

- A. Person being honored must be deceased;**
- B. Person being honored must have served in the Armed Forces (from World War I to present), but not necessarily in conflict;**
- C. Person requesting marker must live within the corporate City limits of Duluth.**

**I understand and agree that this marker will be placed where the City deems appropriate and that I may not request special placement.**

**I understand and agree that the once the marker is placed, it will not be moved from that original location.**

**I understand and agree that if I physically remove the marker from its original location and move it to another area, that will be construed by the City as not wanting the marker displayed and it will be removed.**

**I understand and agree that if I change the lettering on the marker, that my lettering will be removed.**

**I understand and agree that no marker will be made with any conflict earlier than World War I.**

**I understand and agree that displays such as flowers, bows, etc may be placed on the marker while on display, but any mementoes will be discarded by the City when the marker is placed in storage.**

My signature below affirms that I have read the above conditions and that I agree to abide by them and that if I choose not to sign, my marker request WILL NOT be honored.

Requestors Name: (printed) \_\_\_\_\_

Requestors Signature: \_\_\_\_\_

Date: \_\_\_\_\_