

Shonto Veterans Registration Form

Phone #: _____

These documents will be kept on file for The Shonto Veterans Personal Use. No one will be *ALLOWED* to see your profile. There these are your personal information.

Name: _____

(Please Print)						
Mailing Address:			Census#:			
E-Mail:			SS #:			
Spouse name:				_		
☐ ARMY ☐ MARINE ☐ NA	.VY □ Al	RFORCE	NATIONA	AL GUAF	RD 🗆 COAST	GUARD
☐ WWII ☐ Korean ☐ Vietnam	Persia	n Peacetin	ne Gulf	Desert St	orm 🗌 Iraq 📙	Afghanistan
* Yes/ No: Would you like to	volunteer	in Color/Hono	or Guard S	ervices.		
These following items are ne	ed:					
	Date	Walk-In	Mail	Fax	Signature	SVO Initial
DD 214 Discharge certify						
SCG Voter Registration/Card						
90+ days wartime/peacetime						
CIB						
SS Card						
ID/ Diver Licenses						
Marriage Licenses						
Review						
APPROVAL:	Manager			DATE:	:	