

INDIANA COUNTY LEGACY PROJECT APPLICATION



Thank you for your service! Thank you for your willingness to share your experience and be part of the Indiana County Legacy Project. We believe that future generations must hear directly from Veterans to better understand the sacrifices and the realities of war.

Veteran's Name _____

Address _____

City _____ State _____ Zip Code _____

Gender ___ Male ___ Female Date of Birth _____

Home Phone _____ Cell Phone _____

Email Address _____

Branch of Service _____

Entry Date _____ Discharge Date _____

Are you a Purple Heart recipient? ___ Yes ___ No

Are you a former prisoner of war? ___ Yes ___ No

Have you served during wartime? ___ Yes ___ No

DD214 ___ Yes ___ No

In signing this form, you are giving the Indiana County Legacy Project Committee permission to review your D.D.214 or discharge forms.

Veteran's Signature Date

Allen Lockard Date
Director of Veteran Affairs, Indiana County

[Please return completed application with a copy of your D.D. 214 to Allen Lockard
Indiana County Courthouse • 2nd Floor • 825 Philadelphia Street • Indiana PA, 15701](#)