

Ontario Provincial Command Military Service Recognition Book – Submission Form

Downloadable at www.on.legion.ca

Information Required for Story Submission		Please ensure all information is accurate		
Name of Military Person being recognized	t name	First name	Middle N	ame
Place of Birth	Date of Birth (m/d	d/y)	Date of Death (m/d/y) (if applicable)	
Resides/Resided in which Ont. Community Date of Residency				
Service: Regular Force Reserve Force Primary Reserve Cadet Instructor Cadre Officer Canadian Rangers RCMP (Tick applicable area)				
Branch of Service: ONavy Army (Tick applicable area)	○ Air Force	OMerchant Navy	○ Ferry Command	Other
Service Unit: e.g North Shore, Carleton York, CWAC, names of Ships, Squadrons, etc.		Da —	te of Enrollment Date	of Release
Deployments (Mission, Area/Region or Conflict) e.g WWI, WWII, Afghanistan, Canada, High Seas, England, WWI, etc.				
Killed in Service? Yes ONo Date of Death Where Killed Mere Killed				
Was/Is a Member of Legion (Name & #): (Tick applicable area) Yes No Branch How many years?				
This Section MUST be completed.				
Submitted by (Name) Date: Tel # Email Branch Name & #				
Email Branch Name & #				
Was permission given by individual or family to use submission? Yes No (Signature of Veteran or Family Member)				
Additional Information: Please attach a pwish, maximum 200 words. For example: special things the veteran did was he/she wounded, POW, special unusuator bravery, e.g., VC, OM, SC, SM, MMV, M perhaps what the veteran did upon return to	in the service, al awards, awards B, MSM, etc., or	Paper clips or to Also, do not wr this could dame Faxed and ema Actual photos we Please return you photograph to you indicated above, please e	ite on the back of the pho	otograph as cepted. on Form and