

LaPorte County Patriotic Service Medal
(Application Request Form)

Branch of Military Service: _____

Name: _____

Street/P O Box _____

City, State, Zip Code _____

Telephone # (____) _____

Period of Service From ____/____/____ To ____/____/____

A copy of my DD214/WDAGO Separation Form 53-55 or other proof of service attached. Must be a resident of LaPorte County or joined service when a resident of LaPorte County and show proof of such. All Reserves: Army, Navy, Marines, Air Force and Coast Guard do not qualify unless called up for mobilization by Federal Government. Respectfully, only Living Veterans qualify. If disabled, immediate family member may receive LPCPSM.

Signature _____ Date ____/____/____

Mail, FAX or drop off at the address listed below:

LAPORTE COUNTY VETERAN'S SERVICE OFFICE

555 MICHIGAN AVENUE, STE 105

LAPORTE, IN. 46350-3372

Phone (219) 326-6808 EXT. 2216

Fax (219) 362-9804

EMAIL: jgolec@laportecounty.org

PRESENTATION ON SATURDAY, NOVEMBER 9, 2019 AT 10:00 A.M.
AT COUNTY GOVERNMENT COMPLEX MEETING ROOM
809 STATE STREET, LAPORTE, IN 46350

(MAKE SURE TO MARK YOUR CALENDAR)