Osage Veterans Memorial

The Osage Veterans Memorial Commission is currently seeking information about our Osage veterans. All information we receive will be used for the Osage Veterans Memorial. We thank you for your assistance and look forward to giving our veterans their much deserved recognition.

Veteran Information

Last Name

First Name, Middle Initial

Veteran's Address (If living)

City, State, Zip Code

Branch of Service

Rank

Service Date (years)

Military Campaign (If applicable i.e. WWI, WWII, Vietnam):

*Submitted by: _____

*Contact Phone: _____

**This information is for the Veterans Memorial use only and will not be made available to the public*

Return form by mail, email or in person to:

Office of the Chiefs
Attn: Osage Veterans Memorial
627 Grandview Ave.
Pawhuska, OK 74056
osage.veterans@osagenation-nsn.gov

OFFICIAL USE ONLY

_____ /_____ /_____
Date Entered

DD214 Verification ☐

_____
Clerk