

**VETERANS SERVICE OFFICE**

**204 North High Street**

**P.O. Box 865**

**Wilber, Nebraska 68465**

**Saline County Veteran of the Month Nomination**

\*please return this completed form to the Saline County Veterans Office

**Veteran's Name :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Phone # :** \_(\_\_\_\_\_)\_\_\_\_\_

**Branch of Service :** \_\_\_\_\_

**Dates of Service :** \_\_\_\_\_ to \_\_\_\_\_

**Name of person submitting this Nomination:** \_\_\_\_\_

**Relation to Veteran :** \_\_\_\_\_

Below, please provide a Narrative detailing the Veteran's Service :

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