



Military Photo Wall REGISTRATION FORM

PERSON COMPLETING FORM

Name: _____ Relationship: _____

Address: _____ Zip Code: _____

Phone #: _____ Email: _____

MILITARY MEMBER INFORMATION

Name: _____ Phone #: _____

Address: _____ Email: _____

City, State, Zip: _____

Branch of Service: _____ Rank: _____

Military Unit: _____

Country of Duty: _____

Years of Service: _____

Medals/Ribbons/Honors: _____

Additional Info: _____

Please return completed form and questionnaire to:

Military Pictures Project
Monterey Park City Hall
320 W. Newmark Ave.
Monterey Park, CA 91754