



# Brea Veterans Memorial Nomination Form

(Please carefully read criteria prior to submitting form.)

KIA/MIA Nominee Information	
Full Name of Nominee	
Branch of Service	
War/Conflict	
Highest Rank Held	
Dates of Military Service	
Military Service # or Social Security #	
Gender	
Date of Birth	
KIA or MIA Verified Date	
Brea Schools Attended and Dates	
Nominee's Connection to Brea	

**Please provide documentation that nominee was designated KIA or MIA, and meets other eligibility requirements, as detailed in the Brea Veterans Memorial criteria.**

Your Information	
Name of Submitter	
Street Address	
City, State, Zip Code	
Phone # (Home & Cell)	
Email Address	
Relation to Nominee	

You may send the completed form with eligibility documentation via attachment in an e-mail to: [BreaSpecialEvents@cityofbrea.net](mailto:BreaSpecialEvents@cityofbrea.net) or by postal mail to Brea Veterans Memorial, City of Brea, 1 Civic Center Circle, Level 3, Brea Ca. 92821. *Thank you!*

Office Use Only	
Date Application Received	
KIA/MIA Eligibility Provided	
Brea Residency Eligibility Provided	
Date Approved by Review Committee	
Anticipated Date for Installation	