

**The Trustees of
St. Patrick's Cathedral**



Resurrection Cemetery
361 Sharrott Avenue
Staten Island, NY 10309
Tel: (718) 356-7738 Fax: (718) 356-2425

Veteran Monument Inscription Application Form

Name of Veteran: _____
(First Name) (MI) (Last Name)

Branch of Service: (Please choose one)

USA USN USAF USMC USCG USMM

Responsible Party:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: (home) _____ (mobile) _____

Signature: _____ Date: _____

(Please note that inscriptions are limited to first name, middle initial, last name, and one branch of service.)

Please mail this form, along with a check in the amount of \$500 made payable to The Trustees of St. Patrick's Cathedral, and a copy of the veteran's DD214 form to:

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