



Veteran of the Month (VOM) **Nomination Form**

Veteran's Name: _____

Veteran's Phone: _____

Veteran's Address: _____

Veteran's Branch & Length of Service: _____

- * The Veteran must be a Benton County resident.
- * The Veteran's discharge must be under honorable conditions.
- * The Veteran must consent to a published biography and photograph.

Please send all VOM nomination forms to:

Cara Martin

Benton County Veteran Affairs

811 D Avenue, Suite 34

Vinton, IA 52349