



Okeechobee County Board of County Commissioners
Combat Wounded Veteran Recognition Program

NOMINATION FORM

Date Received: _____ DD 214/ Purple Heart verified: _____
(County Veteran Service Officer)

Name of individual being nominated: _____

Nominee Address: _____

Nominee's Military Activities: (where, when, why was Purple Heart awarded to veteran)

Veteran's Phone Number: (____) _____ County of Residence: _____

Awards and Decorations:
Purple Heart, _____, _____, _____, _____, _____

Nominated by: _____ Phone number: _____

The above listed veteran was chosen for the Board of County Commissioners Combat Wounded Veteran Recognition Program.

Chairman, Okeechobee Veteran Council, Inc. Date

Okeechobee County Veteran Service Officer Date

OFFICE USE ONLY
BOCC Meeting Date:
