

City of San Benito
Confidential Veteran Survey Form
San Benito Veterans Advisory Board

Name of Veteran: _____ Serial Number (optional): _____

Birthplace: _____ Date of Birth: _____

Location of Enlistment: _____

City/County State

Male _____ Female _____

Branch of Service: _____

Date(s) of Service: _____

Submit Copy of DD Form 214 (optional)

War/Operation Served (Please Check All That Apply):

_____ World War I _____ World War II _____ Korean War _____ Vietnam War

_____ Desert Storm _____ Enduring Freedom _____ Operation Iraqi Freedom _____ Peacetime

_____ Other (Please describe) _____

Status (Please Check One):

_____ Killed in Action

Burial Location _____

_____ Missing in Action

Last Known Location _____

Location of Veteran:

Address: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

Contact Information (If Other than Veteran):

Name: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

Please submit completed Survey To:

San Benito Veterans Advisory Board

401 N. Sam Houston

San Benito, Texas 78586

Telephone 956-361-3804 Ex. 301

Fax 956-361-3805

Email: mmclain@cityofsanbenito.com or victorgarza76@yahoo.com

Comments:

For Office Use Only

Entry Date: _____

Entered By: _____

DOD Verification: _____

DOD Attachments: _____ Y _____ N

Date Received: _____

DD Form 214 _____ Y _____ N

Veteran Attachments Submitted

Secondary Verification: _____ Newspaper _____ Veterans Group _____ Other _____