



SAMUEL P. RIKARD  
Mayor  
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Subject: **ENHANCED LISTING OF VETERANS IN BOOK OF HONOR AT CITY HALL**

We have developed an enhanced **HONOR BOOK OF VETERANS** in Olive Branch's City Hall as an adjunct to the **Veteran's Memorial** on our front lawn. This **Honor Book** features an 8 1/2" x 11" photograph of the Veteran along with an opposite page narrative of his military experience, as shown in the illustration below. **THERE IS NO COST FOR THIS ENHANCED LISTING** in our **Honor Book of Veterans** and, **IT IS COMPLETELY VOLUNTARY.**

If you wish to take advantage of this enhanced listing, you will need to do two things: (1) Fill out the attached **Veteran's Questionnaire** (the more information you can give us, the better narrative we can write) and (2) Provide us with a photograph (close-up bust shot) of the Veteran, in his military uniform, taken at the time he served (we will return the photo to you). Drop them by City Hall or mail them to: **Bill Cruthirds, Sr. - c/o City Hall - 9200 Pigeon Roost - Olive Branch, MS 38654.** If you have any questions, please call Bill at 662 892-9382.

It is just our way to further recognize those whose contribution we so deeply honor.

Again, it is 100% voluntary.

Respectfully,

Sam Rikard  
Mayor, City of Olive Branch



# VETERANS QUESTIONNAIRE

**(BE SURE TO INCLUDE PHOTOGRAPH TAKEN AT TIME OF SERVICE)**

Person Filling out Questionnaire:

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ St. Zip \_\_\_\_\_ Phone \_\_\_\_\_

VETERAN'S NAME (Please Print): First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

VETERAN'S Date of Birth: \_\_\_\_\_ Date of Death (If Deceased): \_\_\_\_\_

Branch of Service (Circle One): ARMY NAVY MARINE CORPS AIR FORCE COAST GUARD

JOINED or DRAFTED (Circle One) (Year and Date): \_\_\_\_\_

| Military Base or Ship              | Geographic Location<br>(State or Country) | Time Spent<br>There (Months) |
|------------------------------------|---|------------------------------|
| Went thru Basic Training at: _____ | _____                                     | _____                        |
| Then Was Stationed at: _____       | _____                                     | _____                        |
| Then Was Stationed at: _____       | _____                                     | _____                        |
| Then Was Stationed at: _____       | _____                                     | _____                        |
| Then Was Stationed at: _____       | _____                                     | _____                        |
| Then Was Stationed at: _____       | _____                                     | _____                        |
| Then Was Stationed at: _____       | _____                                     | _____                        |
| Then Was Stationed at: _____       | _____                                     | _____                        |

Was Discharged at: \_\_\_\_\_ (Year and Date): \_\_\_\_\_ Rank When Discharged: \_\_\_\_\_

Was Veteran Involved in Any Combat? \_\_\_\_\_ If So, Was He Wounded? \_\_\_\_\_

If Veteran was Killed in Combat, List When \_\_\_\_\_ and Where \_\_\_\_\_

List Any Medals or Decorations Awarded to Veteran:

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

E \_\_\_\_\_ F \_\_\_\_\_ G \_\_\_\_\_ H \_\_\_\_\_

Write a Brief Narrative of What Units Veteran Served in, Where He Served, What He Did, or Anything Else That You Want Known: **(Please be as specific as possible)**

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**PLEASE WRITE LEGIBLY**

Please Continue on Back if you need more space

**& PLEASE DO NOT ABBREVIATE**