

Wall of Honor

Biography of Individual

Return 5"x7" photograph and information

to: Pennyroyal Area Museum; P.O.Box 1093; 217 E. 9th St. Hopkinsville, KY 42241

Name: _____

Birth: _____ County/City of Birth _____

Date of Death if applicable: _____

Name of Parents: _____

Marital Information: _____
Spouse/Maiden Name Date of Marriage

Children: _____

Connection to Hopkinsville or Pennyroyal Region:

Military Information: _____

Died in combat: _____yes (year) _____no

Date of photograph submitted: _____

Branch of Service: _____ Rate/Rank: _____

Length/dates of Service: _____

Duty Station : _____

Serviced in the following War(s) of Operations: _____

Service Awards: _____

Date Submitted _____