



Fallen Hero Memorial Application

Submittal Date: _____ Date of Death: _____

Full legal name of the Fallen: _____

Branch of Service or Department: _____

Rank: _____

Description of Incident/cause of death (*attach additional sheets if needed*):

Documentation Attached for Military Service (click all that are relevant to your situation):

If you need assistance obtaining DD-214, service records, or service health records – please contact the County Veteran's Service Office at (650) 802-6598.

☐ DD-214 for military (The Defense Department issues a DD-214, identifying the condition of discharge from service).

Need help getting a DD-214 visit <https://dd214.us>

☐ Death notice

☐ Military records such as enlistment documents that show a San Mateo address

☐ Communication from the military such as: telegram advising of death, medical records, etc.

☐ Records of residency in San Mateo (deed, rental contract, school records, etc.)

☐ Personal correspondence between the veteran and family members that proves a San Mateo address as their domicile

☐ Newspaper stories demonstrating their service as a San Mateo resident

☐ Other _____

Documentation Attached for Police or Fire Personnel:

☐ Certified personnel records and statement of confirmation from the Police or Fire Chief

Contact Information from person submitting the form:

Name: _____ Relationship to the Fallen: _____

Address: _____

Phone: _____ Email: _____

I verify that the foregoing statements and attached documentation is true and correct to the best of my knowledge.

Signature: _____

Questions? Contact City Clerk Patrice Olds at polds@cityofsanmateo.org or (650) 522-7042