

**NOMINATION FOR  
BEN DAVIS HIGH SCHOOL  
VETERANS MEMORIAL WALL**

Nomination for: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Dates of Attendance at Ben Davis High: \_\_\_\_\_

Branch of Service: \_\_\_\_\_  
Air Force Army Coast Guard Marine Corps National Guard Navy

Rank

Date of Loss:

\_\_\_\_\_

Nomination submitted by: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail

Please return completed form to:  
Principal  
Ben Davis High School  
1200 North Girls School Road  
Indianapolis, IN 46214