

CAPE ANN
OFFICE OF VETERANS' SERVICES

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November 1, 2016

Dear Family Member,

To update our records and to support our local service men, women, and their families the Office of Veterans' Services is asking for your assistance by completing the attached form. This vital information will help keep accurate data regarding new recruits, those recalled to active duty, and men and women from Gloucester who serves in the military as a career. Please include any additional information that you would like to share on a separate sheet of paper. Please include an official military photo.

Recently military family members and friends have asked to come together to form a support group. Families would like to come and share ideas and help each other through this stressful time. Please let me know if you are interested in taking part in such a group.

Please come by the Office of Veterans' Services to pick up Blue Star Banners, pins and decals.

I understand that having a loved one in the service at this time is very difficult for you and your family. Please contact my office if we can be of any assistance to you. The men and women who protect our freedoms and their families are of the utmost importance to us.

Sincerely,

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Lucia Amero

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Information regarding military member serving in the United States Armed Forces

Service Member Personal Information

Name: _____
last first middle

Home address of record: _____

Home telephone number: _____ Cell number: _____

Date of birth: _____

Place of birth: _____

Spouse (including maiden name): _____

Children (names and ages): _____

Father: _____

Mother (include maiden name): _____

Siblings: _____

Education

High School attended: _____

Graduation year: _____

JROTC member: _____

College(s)
attended: _____

Graduation year: _____

Degree(s): _____

Military Information

Branch of service: _____

Date of entry: _____

Service/Security Number: _____

Rank: _____

Permanent duty station: _____

City/State: _____

Unit of assignment/ship serving on: _____

Present duty station: _____

Country: _____

Military mailing address: _____

Military e-mail address: _____

Do you have access to the internet? please circle yes no

Person for this office to contact: _____

telephone number: _____

E-mail address: _____

Relationship to service member: _____

*Please advise the Office of Veterans' Services on any information change.

All information provided to the City of Gloucester Office of Veterans' Services, will not be released to or discussed with any public or private organization without the signed consent of an immediate family member.

I give the Office of Veterans' Services permission to release information that I have provided to public and private organizations including the Gloucester Daily Times and other news agencies.

Please circle yes no

signature

date

print name

telephone number