

**Connecticut Veterans Memorial, West Hartford  
Memorial Paver Request**

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Please print clearly and complete all sections:

**Section A: Donor Information**

Donor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Section B: Veteran Information**

Name: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_ Dates Served (if known): \_\_\_\_\_

**Section C: Engraving Information**

A maximum of 3 lines are permitted; 14 characters per line including letters, spaces and punctuation.

The fee is \$135 for name only. If the veteran's name does not fit on one line, use Line 2. An additional fee of \$10 is charged for each line of optional information.

**Line 1 – Veteran's Name**

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**Line 2 – Continuation of Veteran's Name or Optional Information (see examples below)**

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**Line 3 – Optional Information (ex: Branch, Rank, War/Conflict, or Years Served)**

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**Section D: Payment** (Personal checks and cashier's checks only. No cash or credit cards.)

Veteran's Name (\$135): \$ \_\_\_\_\_  
Optional Line 2 (+ \$10): \$ \_\_\_\_\_  
Optional Line 3 (+ \$10): \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Today's Date: \_\_\_\_\_

Make check payable to "Town of West Hartford - Veterans Memorial Fund" and mail to:  
West Hartford Veterans Memorial, Department of Public Works, 17 Brixton Street,  
West Hartford, CT 06110.

Questions: Call Patti Standish at 860-561-8100, email: [patti@westhartfordct.gov](mailto:patti@westhartfordct.gov)