

APPLICATION FOR NAME INCLUSION ON THE ASAN BAY OVERLOOK MEMORIAL WALL

Please read application instructions and
print clearly or type

SECTION 1- INFORMATION REGARDING THOSE TO BE HONORED ON THE WALL

<input type="checkbox"/> MISSING NAME <input type="checkbox"/> CORRECTION TO AN EXISTING NAME			
1. FULL NAME OF PERSON AS TO APPEAR ON THE WALL (First, Middle, Last)			
2. DID THIS PERSON DIE ON GUAM DURING THE OCCUPATION? <input type="checkbox"/> NO If "No", Continue to Box 3 <input type="checkbox"/> YES If "Yes" Complete Boxes 4-7 AND Section 2 below		3. IS THIS PERSON DECEASED? <input type="checkbox"/> No If "No", Complete remaining boxes <input type="checkbox"/> Yes If "Yes", Complete Boxes 4-7 AND Section 2 below	
4. PLACE OF BIRTH	5. DATE OF BIRTH (MM/DD/YYYY)	6. VILLAGE RESIDING DURING OCCUPATION	7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
8. MAILING ADDRESS (Street or P.O. Box)		9. State	10. Zip Code
11. TELEPHONE NUMBER ()	12. IDENTIFICATION PROVIDED (Select one (1), Attach Copy) <input type="checkbox"/> Driver's License <input type="checkbox"/> Guam/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
13. APPLICANT'S CERTIFICATION: I certify that the information given above is accurate and complete to the best of my knowledge.			
_____		_____	
SIGNATURE		DATE	

SECTION 2- FOR SUBMISSION AND/OR VERIFICATION OF NAME BY PROXY

(To be completed by those who are submitting names on behalf of applicant listed in Section 1)

1. FULL NAME OF PROXY (First, Middle, Last)		2. RELATION TO APPLICANT	
3. MAILING ADDRESS (Street or P.O. Box)		4. State	5. Zip Code
6. TELEPHONE NUMBER ()	7. IDENTIFICATION PROVIDED (Select one (1), Attach Copy) <input type="checkbox"/> Driver's License <input type="checkbox"/> Guam/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
8. PROXY'S CERTIFICATION: I certify that the information given above is accurate and complete to the best of my knowledge and that the person listed in Section 1 suffered the occupation of Guam during World War II (December 8, 1941~ July, 21 1944)			
_____		_____	
SIGNATURE		DATE	

SECTION 3- FOR OFF-ISLAND APPLICATIONS ONLY

(To be completed by a Notary Public. Members of the Armed Services or a civilian outside Guam officially attached to and serving with the Armed Forces of the United States may have this section approved before a commissioned officer, warrant officer, or non-commissioned officer of a grade not lower than sergeant or equivalent rating of the Armed Services of the United States; or before any commissioned officer of the Merchant Marine of the United States; or before any minister, consul or vice-consul of the United States, in lieu of a notary public.)

State of _____

County of _____

On this _____ day of _____ 2008, I certify that _____ personally appeared before me and is known to me as the custodian of the attached documents and acknowledged to me that he/she has completed this application to include a missing name or to correct an existing name on the Asan Bay Overlook Memorial Wall at the National Park Services War in the Pacific National Historical Park.

Notary Seal (Signature of Notary)

(Name of Notary Typed, Stamped or Printed)

Notary Public, State of _____ My commission expires _____

Received By:	Date Received:	C#
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