



Armed Forces Honor Banner Program

Honoree Information

Name of Military Serviceperson: _____
(Spelling for the serviceperson's name will be taken directly from the application)

Home of Record of Serviceperson: _____
Street Address Apartment No.

City/State Zip

Branch of the U.S. Military: Army Marines Navy Air Force Coast Guard National Guard

Anticipated Date of Discharge (if known): _____

Primary Contact Information

Applicant Name: _____ Relationship to Honoree: _____

Applicant Address: _____
Mailing Address Apt. No. City/State Zip

Applicant Telephone #: _____ Applicant Email: _____

Secondary Contact Information

Applicant Name: _____ Relationship to Honoree: _____

Applicant Telephone #: _____ Applicant Email: _____

Banner Purchase Options

Sponsor a Banner (\$150 per banner) Donate a Banner (\$150 per banner) Donate to program \$ _____
Sponsor Name Relationship
Or Organization: _____ (if any): _____

Address: _____

Sponsor Telephone #: _____ Sponsor Email: _____

Please mail completed to the following location:
City of Kerman – Parks, Recreation & Community Services
Attn: Armed Forces Honor Banner Program
850 S. Madera Ave.
Kerman, CA 93630

For City Use Only

Date Application Received: _____ Residency Confirmed: Y N

Installation Date: _____ Location of Banner: _____

Retirement Date: _____ Date of Presentation of Banner by City Council: _____

For more information, please contact the City of Kerman at (559) 846-9324
or visit our website at www.cityofkerman.org