

# This Memorial Day, we remember those who **sacrificed their lives in wars past**

Your name: \_\_\_\_\_

Relation: \_\_\_\_\_

*(parent, sibling, friend, etc.)*

Military Branch: \_\_\_\_\_

*(Army, Navy, USMC, Air Force, etc.)*

Rank: \_\_\_\_\_

*(Private, Sargent, Lieutenant, etc.)*

War/Conflict: \_\_\_\_\_

*(WWI, WWII, Vietnam, Iraq, etc.)*

Location of casualty: \_\_\_\_\_

*(France, Germany, SE Asia, etc.)*

Casualty date: \_\_\_\_\_

*(day/month/year)*

Photo  
(if available)

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Casualty name



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