



Brea War Memorial Nomination Form

(Please carefully read criteria prior to submitting form.)

KIA/MIA Nominee Information	
Full Name of Nominee	
Branch of Service	
War/Conflict	
Highest Rank Held	
Dates of Military Service	
Military Service # or Social Security #	
Gender	
Date of Birth	
KIA or MIA Verified Date	
Brea Schools Attended and Dates	
Nominee's Connection to Brea	

Please provide documentation that nominee was designated KIA or MIA, and meets other eligibility requirements, as detailed in the Brea War Memorial criteria.

Your Information	
Name of Submitter	
Street Address	
City, State, Zip Code	
Phone # (Home & Cell)	
Email Address	
Relation to Nominee	

You may send the completed form with eligibility documentation via attachment in an e-mail to: BreaWarMemorial@cityofbrea.net or by postal mail to Brea War Memorial, City of Brea, 1 Civic Center Circle, Level 3, Brea Ca. 92821. *Thank you!*

Office Use Only	
Date Application Received	
KIA/MIA Eligibility Provided	
Brea Residency Eligibility Provided	
Date Approved by Review Committee	
Anticipated Date for Installation	