



Location: 330 Pine Street
 Mailing: 48 West Third Street
 Williamsport, PA 17701

Phone: 570-327-2365
 Fax: 570-320-2152

LYCOMING COUNTY VETERANS REGISTRY

Please complete this form and mail to: Office of Veterans Affairs, 48 West Third Street, Williamsport, PA 17701 or drop it off at our office. Thank you.

Please print clearly:

_____		_____		_____	
Last Name	First Name	MI	Social Security #		
_____		_____		_____	
Address	City	State	Zip	Service #	
_____		_____		_____	
Phone #	Date of Birth		Male/Female		
_____		_____		_____	
E-mail Address	Date of Service		Branch		
_____		_____		_____	
<u>Please check appropriate box:</u>		Type of Discharge		Highest Rank Held	
_____		_____		_____	
		Is discharge recorded? Yes/No		If yes, in what county?	
_____		_____		_____	

WAR TIME

- World War II Vet (12/7/41-12/31/46)
- Korean Conflict Vet (6/27/50-1/31/55)
- Vietnam War Vet—in country (1/28/61-8/4/64)
- Vietnam War Vet (8/5/64-5/7/75)
- Gulf War Vet (8/2/90 to present)

PEACE TIME

- Peace Time Vet (any time served not during specified War Time—see years listed above)

*If you are the surviving spouse of a veteran, please complete the information above for your deceased veteran and complete your information below:

_____		_____		_____	
Name	Relationship to Veteran		Phone		
_____		_____		_____	
Address				E-mail address	