Name:		
Address:		
Phone:	Email:	
Relationship to Service mar	n or woman:	
Please complete the followi	ng information regarding your family member's military service	e:
Name:		
Date Joined Service:	Branch of Service:	
Unit:		
Rank:		
Deployed when:		
Deployed to (location):		
Length of deployment:		
Is there any other information	on you would like us to know regarding your relative?	
	Please return the application to:	
	Frank Roma	
	Fire Chief 550 Minot Ave	
	Auburn, ME 04210 Office: 207.333.6633; Fax: 207.784.3283	
	Office. 207.333.0033, Pax. 207.764.3263	
Office Use Only:		