



Town of Hingham

Director of Veterans' Services

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Veteran of the Year Application FY-____

Your Name:		Date:
Street Address:		
City:	State:	Zip:
Home Phone: ()	Mobile Phone: ()	
Email Address:		

Veteran's Name:		Date:
Street Address:		
City:	State:	Zip:
Home Phone: ()	Mobile Phone: ()	
Email Address:		

For Office Use Only:

	DD214
	Honorable Discharge
	Hingham Address / Census Info
	Community service
	Civic Leader
	Other