|  |
| --- |
| **Information for Certificate** |
| Name: |  |
| Notes: |  |
| **For Military Personnel (Active or Retired)** |
| Rank/Rate: |  |
| Branch of Service: |  |
| Years of Service (Optional):  |  |
|  |  |
| **Desired Date** |
| ASAP [ ]  | No Specific Date [ ]  |
| 1st Choice |  | 2nd Choice |  |
|  |
| **Out of State Request** |
| *I will provide payment by:* |
| **Check** made payable to: [ ]  USS Missouri Memorial Association, Inc.Attn: Special Events Department63 Cowpens StHonolulu, HI 96818 | **Cash**:Please see the envelope enclosed [ ]   | **Credit Card**:Please see the credit card form enclosed [ ] Please call me for credit card information [ ]   |
| **Reminder:** Prepaid Self-Addressed Return Postage Label must be included to return upon completion |
|  |
| **Primary Point of Contact:**  |
| Name & Rank: |  |
| Mobile Phone: |
| Email: |
| **Alternate Point of Contact: (Optional)** |
| Name & Rank: |
| Mobile Phone: |
| Email: |
|  |
| If you have any questions, please email military@ussmissouri.org or contact us by telephone at (808) 455-1600 ext. 225. *We will respond to all requests within three business days.* |