|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 Department  63 Cowpens St  Honolulu, 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](mailto:military@ussmissouri.org) or contact us by telephone at (808) 455-1600 ext. 225. *We will respond to all requests within three business days.* | | | | | | |