

**NOMINATION FORM
EDEN PRAIRIE VETERANS MEMORIAL**

Name of Veteran: _____

Eden Prairie Connection: _____

Service (dates or conflict): _____

Name of Person making
nomination: _____

Phone number of person making nomination: _____

Email of person making nomination: _____

Awards Veteran received: _____

Reason you feel this veteran should be selected to be
recognized: _____

Feel free to add attachments and more information. Please submit this form to the Eden Prairie Veterans Memorial Committee at:
EPVets@gmail.com

Eden Prairie Veterans Memorial
8080 Mitchell Road
Eden Prairie, MN 55344-4485