



## Hawthorne Wall Of Honor

In appreciation for those in the military

**Please provide photograph (In uniform if possible)**

Name  
of serviceman/woman \_\_\_\_\_

Hometown \_\_\_\_\_

Graduate of HHS \_\_\_\_\_ Year \_\_\_\_\_

Other High School \_\_\_\_\_ Year \_\_\_\_\_

College or post HS \_\_\_\_\_

Rank \_\_\_\_\_

Branch of Service \_\_\_\_\_

Duty Station \_\_\_\_\_

Unit Assigned \_\_\_\_\_

Year he/she joined the service \_\_\_\_\_

Parents \_\_\_\_\_

Where Parents Live \_\_\_\_\_

Spouse/Children \_\_\_\_\_

Where family lives \_\_\_\_\_

Grandparents or other if family is not local  
\_\_\_\_\_

Name of person submitting photo \_\_\_\_\_

Phone Numbers (will not be published) \_\_\_\_\_

Please return form to:  
Louis Bay 2nd Library  
345 Lafayette Avenue  
Hawthorne, NJ 07506

Questions? Call the library at  
973-427-5745