



Christopher DiPiazza, Mayor

**BOROUGH OF PARAMUS**

**Office of Veterans Affairs**

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Paramus, NJ 07652

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**PARAMUS VETERANS PHOTO ID CARD APPLICATION**

(Please Print Clearly)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_ to \_\_\_\_\_

Rank Held At Time Of Discharge: \_\_\_\_\_

Are You A Member of A Veterans Organization? \_\_\_\_\_

If YES, Which One(s) \_\_\_\_\_

I have attached a COPY of (circle all that applies):

DD 214      SEPARATION ORDERS      VETERANS ORG. MEMBERSHIP ID

VA HEALTH BENEFITS CARD      OTHER \_\_\_\_\_

Veterans Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	APPROVED _____	REJECTED _____
BY: _____	TITLE: VETERANS SERVICE OFFICER	DATE: _____