OFFICE OF THE WARREN COUNTY CLERK PAMELA J. VOGEL, COUNTY CLERK JODY ROSS, DEPUTY

"Return the Favor...Thank You For Your Service" Veterans Program Warren County, New York

Veterans Identification Card Application

Name:		
Last Name	First Name	Middle Initial
Current Address:		
City:	State: NY Z	Zip Code:
Mailing Address (if different):		
City:	State: NY	Zip Code:
Telephone/Cell #:	Date of Birth:	
Social Security # (last 4 digits only):XXX Branch of Service: Source of Discharge/Honorable Service Military Discharge Book Page Note: If recorded in another county and you are now a recording information. If you are unable to loca 761-6342 for assistance. Also: Recorded Disc Ch 298 of 2005). Other Source: I certify that I have been honorably disc	e: DD 214 : Yes e County of a resident of Warren Count te your documentation, ple charge is a sealed record &	Recording: ty, please provide the correct County and ase contact Veterans' Services @ (518) a is not open to the public (NYS Laws:
Signature:		Date:
Bring Application to Warren County Cle – for photo and card issuance. Must be Note: This information to be used solely by the distribution, commercial or otherwise. Issue Date:	rk's Office, 1340 State Warren Co. Resident	Route 9, Lake George, NY 12845 and/or Property Owner

Thank You For Your Service!!!