

Bridgeport Brave Veterans Banner (Deceased)

Rank & Name of Veteran: _____
(How you want it to appear on the flag)

Service dates/years: _____

War or Conflict: _____

Branch of Service: _____

Billit or Duties: _____

INFORMATION TO ADD TO THE BANNERS (22 characters EACH line including spaces)

(Top Two Medals or Awards)

Line 1: _____

Line 2: _____

CONTACT INFORMATION

Connection to Bridgeport: _____

Name: _____

Phone: _____

Address: _____

Email: _____

Fee \$125.00. Please make check payable to: City of Bridgeport, PO Box 280, Bridgeport NE 69336 or drop off at Bridgeport City Office, 809 Main Street. Please write in the "memo" **BB Deceased Veteran.**

For questions, please contact the City Office at 308-262-1623 or Gail Beyer at mayorbpt@cityofbport.com. This application, money and picture must be received by **February 15, 2025**, to ensure your banner to be displayed by **Memorial Day 2025**. The picture can be black and white or color. It needs to be a 600dpi file or a scanned photograph.

The better the picture the better the image on the banner.

