



DANIEL P. MCCOY
ALBANY COUNTY EXECUTIVE

COUNTY OF ALBANY
VETERANS SERVICE BUREAU
100 HERITAGE LANE, 5TH FLOOR
ALBANY, NEW YORK 12211
(518) 447-7710 / FAX (518) 447-7714
VETERANSBUREAU@ALBANYCOUNTYNY.GOV

KENNETH SECOR
DIRECTOR

RETURN THE FAVOR ID APPLICATION

Name: _____
Last First Middle Initial

Current Address: _____

City: _____ State: NY Zip Code: _____

Phone: _____ Email: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ City of Birth: _____

SSN (last 4 digits only): XXX-XX- _____

Branch: Army Marine Corps Navy Air Force Coast Guard

Dates of Service: _____

Combat: YES NO If Yes, Where? _____ Wounded: YES NO

Signature: _____ Date: _____

**** Proof of military service must be provided with this application ****



<p>TO BE COMPLETED BY ACVSB STAFF</p> <p>Service Document Verification:</p> <p><input type="radio"/> DD-214 <input type="radio"/> Discharge Certificate <input type="radio"/> Vet Organization Document</p> <p>Issued ID #: _____</p>
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ALBANY COUNTY
Cares about our veterans