

**California Department of Veterans Affairs  
Veterans Memorial Registry Survey**

Please take the time to complete this survey by providing as much information as possible for each veterans memorial in your area.

1. Name of the memorial \_\_\_\_\_

2. County \_\_\_\_\_ 3. City, or nearest City \_\_\_\_\_

4. Address or location of the memorial \_\_\_\_\_

5. Type of memorial (e.g., veterans memorial, military museum, building, highway, bridge, park, or veterans facility, etc.)

6. Dedicated to \_\_\_\_\_ 7. Date dedicated \_\_\_\_\_

8. Name of entity that owns or maintains the memorial \_\_\_\_\_

9. Contact information for entity that owns or maintains the memorial (phone number and address) \_\_\_\_\_

10. Description of the memorial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Comments on the condition of the memorial \_\_\_\_\_

\_\_\_\_\_

12. Is this memorial accessible to the disabled? Yes \_\_\_ No \_\_\_

13. Hours of operation \_\_\_\_\_

14. Admission charge (if any) \_\_\_\_\_

15. Please provide a picture of the memorial

16. Please provide a map and/or directions to the memorial

17. Name and phone number of person completing the survey

18. To recognize your contribution to this project, may we include your name or your organization's name on the website?

Yes \_\_\_ No \_\_\_ \_\_\_\_\_  
Name (If different from above)      Organization      Location (City, Town, County)

When survey is completed, please send to:  
Veterans Memorial Registry  
California Department of Veterans Affairs  
1227 O Street, Room 105  
Sacramento, California 95814

Please attach additional sheets if necessary