



# AMERICAN BATTLE MONUMENTS COMMISSION

## PHOTO AND LITHOGRAPH REQUEST FORM

Name of Decedent: \_\_\_\_\_ Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Number of Photos: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Location: Plot: \_\_\_\_\_ Row: \_\_\_\_\_ Grave: \_\_\_\_\_ (or Check) Tablets of the Missing: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Mail to: \_\_\_\_\_

(Please print full name. Example: Mrs., Mr., Miss or Ms)

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Mail this request to:

Operations  
American Battle Monuments Commission  
Courthouse Plaza II, Suite 500  
2300 Clarendon Boulevard  
Arlington, VA 22201  
(703) 696-6897