NEW YORK CITY DEPARTMENT OF CORRECTION

Lynelle Maginley-Liddie, Commissioner



Ayinde Williams, Deputy Commissioner Sherbreina Waston, Assistant Commissioner Human Resources

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Household Veterans Status Form Executive Order No. 65

1. Your Agency Name
2. Your Full Name
Have your or anyone in your household served in the United States Military? If yes, please continue answering the questions below.
Yes
No
4. Are you a Veteran?
Yes
No
5. Is your Spouse/Partner a Veteran?
Yes
No
6. Is your Child living within your household a Veteran?
Yes
No
7. Are there Others living within your household a veteran?
Yes
Please indicate:
No