## Robert M. Damminger Freeholder Director

## GLOUCESTER COUNTY BOARD OF FREEHOLDERS APPLICATION FOR AWARD

## GLOUCESTER COUNTY MILITARY SERVICE MEDAL INSTRUCTIONS

Giuseppe (Joe) Chila Freeholder Deputy

Director/Liaison

Complete application form and return with a copy of your Honorable Discharge separation a Form 53-55 or 553 or DD214

· Attach a copy of death certificate (if applicable)

Mail to: Office of Veteran Affairs, County of Gloucester, P.O. Box 337, Woodbury, NJ 08096

For further information – Phone 856-401-7662

Daytime Phone		VETERAN'S IN	IFORMATION	1	
Street:	Name (Last, First, Middle Initial)	2. Service	: Number/SSN	3. Rank/Grade He	ld Upon Honorable Discharg
County:Phone: ()  5. Era of Service (Please check all that apply)    World War II	s. Address: Street:				
5. Era of Service (Please check all that apply)    World War II	City:	State:	Zip:		
World War II	County:	Phone: (	_)		
6. Branch of Service   Afghanistan   Iraq 7. What Veteran's Organizations do you belong to? (If any)	5. Era of Service (Please check all that apply)				
7: What Veteran's Organizations do you belong to? (If any)    POSTHUMOUS AWARD   YES   NO (If YES - Complete the following) (Attach copy of Death Certificate)   10. Name of Person to Receive Award (Last, First, Middle Initial)   Relationship to Deceased Veteran	☐ World War II ☐ Korean Conflict .	☐ Vietnam Conflict	☐ Desert Storm	☐ Peacetime	☐ Other
POSTHUMOUS AWARD   YES   NO (If YES - Complete the following) (Attach copy of Death Certificate)  10. Name of Person to Receive Award (Last, First, Middle Initial) Relationship to Deceased Veteran  11. Address  Street   City   State   Zip Code    Daytime Phone   Date:  For Use by Approving Authority  Date Receive:   DD Form 214   WD Form 53   Death Certificate  CHARACTER OF DISCHARGE    DATE   DATE   DATE	5. Branch of Service		☐ Afghanistan	□ Iraq	
POSTHUMOUS AWARD   YES   NO (If YES - Complete the following) (Attach copy of Death Certificate)  10. Name of Person to Receive Award (Last, First, Middle Initial)   Relationship to Deceased Veteran  11. Address  Street   City   State   Zip Code    Daytime Phone   Date:    For Use by Approving Authority  Date Receive:   DD Form 214   WD Form 53   Death Certificate  CHARACTER OF DISCHARGE    APPROVED   DISAPPROVED   INITIALS   DATE	7: What Veteran's Organizations do you belong	to? (If any)			
POSTHUMOUS AWARD   YES   NO (If YES - Complete the following) (Attach copy of Death Certificate)  10. Name of Person to Receive Award (Last, First, Middle Initial)   Relationship to Deceased Veteran  11. Address  Street   City   State   Zip Code    Daytime Phone   Date:    For Use by Approving Authority  Date Receive:   DD Form 214   WD Form 53   Death Certificate  CHARACTER OF DISCHARGE    APPROVED   DISAPPROVED   INITIALS   DATE					
POSTHUMOUS AWARD			C		
10. Name of Person to Receive Award (Last, First, Middle Initial)  11. Address  Street					
10. Name of Person to Receive Award (Last, First, Middle Initial)  11. Address  Street					
Street	POSTHUMOUS AWARD   YES	□ NO (If YES - Com	plete the following) (A	ttach copy of Death	Certificate)
Daytime Phone     Date:     Date:     Date:     Date     Date     Date     Date   Receive:     DD Form 214   WD Form 53   Death Certificate   CHARACTER OF DISCHARGE     DATE      DATE					
Date:	Name of Person to Receive Award (Last, Fin     Address	rst, Middle Initial)	Relationshi	p to Deceased Veter	an -
Date Receive: Enclosures: DD Form 214 WD Form 53 Death Certificate  CHARACTER OF DISCHARGE  DAPPROVED DISAPPROVED INITIALS DATE	Name of Person to Receive Award (Last, Fin     Address	rst, Middle Initial)	Relationshi	p to Deceased Veter	an -
Date Receive: Enclosures: DD Form 214 WD Form 53 Death Certificate  CHARACTER OF DISCHARGE  DAPPROVED DISAPPROVED INITIALS DATE	Name of Person to Receive Award (Last, Fin     Address     Street	rst, Middle Initial)City	Relationshi	p to Deceased Veter	an -
Enclosures:        DD Form 214	O. Name of Person to Receive Award (Last, Fine 1)  Address  Street	rst, Middle Initial)City	Relationshi	p to Deceased Veter	zip Code
CHARACTER OF DISCHARGE DATE DATE	O. Name of Person to Receive Award (Last, Fine Last)  Address  Street  Daytime Phone  SIGNATURE:	rst, Middle Initial)City	Relationshi	p to Deceased Veter	zip Code
□ APPROVED □ DISAPPROVED INITIALS DATE	10. Name of Person to Receive Award (Last, Fine 1). Address Street	rst, Middle Initial)City	Relationshi	p to Deceased Veter	zip Code
□ APPROVED □ DISAPPROVED INITIALS DATE	10. Name of Person to Receive Award (Last, Fine Last).  1. Address  Street	rst, Middle Initial)City	Relationshi	p to Deceased Veter	zip Code
	10. Name of Person to Receive Award (Last, Fine 11. Address Street	City	Relationshi	p to Deceased Veter	zip Code
	10. Name of Person to Receive Award (Last, Fine 11. Address  Street	City	Date:	state	zip Code
	10. Name of Person to Receive Award (Last, Fine Last).  11. Address  Street	City	Date:	state	zip Code
	10. Name of Person to Receive Award (Last, Fine Last).  11. Address  Street	City	Date:	state	anZip Code
	10. Name of Person to Receive Award (Last, Fine Last).  11. Address  Street	City	Date:	state	zip Code