

**GLOUCESTER COUNTY BOARD OF FREEHOLDERS
APPLICATION FOR AWARD
GLOUCESTER COUNTY MILITARY SERVICE MEDAL
INSTRUCTIONS**

Robert M. Damminger
Freeholder Director

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

VETERAN'S INFORMATION		
1. Name (<i>Last, First, Middle Initial</i>)	2. Service Number/SSN _____	3. Rank/Grade Held Upon Honorable Discharge _____
4. Address: Street: _____ City: _____ State: _____ Zip: _____ County: _____ Phone: (_____) _____		
5. Era of Service (Please check all that apply) <input type="checkbox"/> World War II <input type="checkbox"/> Korean Conflict <input type="checkbox"/> Vietnam Conflict <input type="checkbox"/> Desert Storm <input type="checkbox"/> Peacetime <input type="checkbox"/> Other		
6. Branch of Service _____ <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq		
7. What Veteran's Organizations do you belong to? (If any) _____ _____ _____		
POSTHUMOUS AWARD <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES – Complete the following) (<u>Attach copy of Death Certificate</u>)		
10. Name of Person to Receive Award (<i>Last, First, Middle Initial</i>) _____		Relationship to Deceased Veteran _____
11. Address Street _____ City _____ State _____ Zip Code _____ Daytime Phone _____		
SIGNATURE: _____		Date: _____
For Use by Approving Authority Date Receive: _____ Enclosures: _____ DD Form 214 _____ WD Form 53 _____ Death Certificate		
CHARACTER OF DISCHARGE _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED INITIALS _____ DATE _____		
REMARKS: 		