

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

**Robert M. Damminger**  
Freeholder Director

**Giuseppe (Joe) Chila**  
Freeholder Liaison

**INSTRUCTIONS**

- 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 <b>Honorable</b> 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) _____ _____ _____		
<b>POSTHUMOUS AWARD</b> <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 _____		
<b>SIGNATURE:</b> _____		Date: _____
<b>For Use by Approving Authority</b> 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:     		