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

VETERAN'S INFORMATION

1. Name *(Last, First, Middle Initial)*

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)

☐ World War II ☐ Korean Conflict ☐ Vietnam Conflict ☐ Desert Storm ☐ Peacetime ☐ Other

6. Branch of Service _____ ☐ Afghanistan ☐ Iraq

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 _____

SIGNATURE: _____ Date: _____

For Use by Approving Authority

Date Receive: _____

Enclosures: _____ DD Form 214 _____ WD Form 53 _____ Death Certificate

CHARACTER OF DISCHARGE _____

☐ APPROVED ☐ DISAPPROVED INITIALS _____ DATE _____

REMARKS: