Stephen M. Sweeney
Freeholder Director

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

William M. Krebs
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, Budd Boulevard Complex, CC Budd Blvd., Woodbury, NJ 08096
- For further information – Phone 856-384-6893

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 .....

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 Received:.....

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

CHARACTER OF DISCHARGE.....

☐ APPROVED ☐ DISAPPROVED INITIALS ..... DATE .....

REMARKS: