State of Missouri War Medallion Program Application Form Please Type or Print Legibly

☐ Please mail award.			and all applications together and assign		
		equesting ceremony please se coordinating your ceremony.)	end all applications together and assign a		
Veteran's Information					
Last Name	First Nan	пе	Middle Name or Initial		
	:				
Current Mailing Address	City		State and Zip Code		
Date of Birth	Home Ph	one	County		
Salo 97 Silain	Tromo Tri				
Service Number	Social Se	ecurity Number	Dates of Service		
Please neatly print the se	rvice information	that you would prefer or	your certificate.		
I am applying for (please circle) World War II Jubilee	thest Rank	Branch of Service (please circle one or specify) Marine Corps Army Coast Guard Air Force Navy Other (please specify)			
Korea Is v	reteran deceased? rerse side)	(Circle one) Yes No	(If deceased complete section 4 on		
Surviving spouse or eldest l	iving survivor to re	eceive award should eligible	veteran be unable to receive award:		
Last Name	First Nan		Middle Name or Initial		
Street Address	City	a territorio de la compansión de la compan La compansión de la compa	State and Zip Code		
Relationship	Home Ph	one	Work Phone		
	and the second	and the second second second			
	<u> </u>				
or Separation from Service or documentation are listed on the	r a copy of DD 214 back. Applicant's s der honorable cond	that substantiates record or ignature attests that information itions. Signature of applicant's	est attach copy of Report of Discharge f service. Other forms of acceptable on provided above is correct and to other than veteran attests that applicant t.		
Applicant's Signature		ing the second s	Date		
SEE F	REVERSE FOR INS	TRUCTIONS FOR COMPLET	TION OF FORM		
	R USE BY THE OF	FICE OF THE ADJUTANT GE	ENERAL ONLY		
	4 to 30 Sep 194	4) Yes No	DATE		
•	50 to 31 Jan 195 61 to 7 May 197	•	INITIALS		

Instructions for Completion of the War Medallion Program Application Form

1. Who may apply:

- a. Any veteran who meets the eligibility requirements listed below is entitled to a medallion, medal, and certificate.
- b. Any spouse or eldest living survivor of a veteran who meets the eligibility requirements listed below but died prior to having made application is entitled to a medallion, medal, and certificate.

2. Eligibility Requirements:

a. Veteran must have served on active duty in the United States military service during the periods:

World War II December 7, 1941 to December 31, 1946

Jubilee of Liberty June 6, 1944 and to September 30, 1944 and participated in the Battle of Normandy.

Korea June 27, 1950 to January 31, 1955

Vietnam February 28, 1961 to May 7, 1975.

- b. Veteran is a legal resident of Missouri at the time of application, or was a legal resident at the time he or she entered or was discharged from military service or at the time of his or her death.
- c. Veteran received an honorable discharge, or is still in active service in an honorable status, or was in active service in an honorable status at the time of his or her death.
- d. The War medallion, medal, and certificate shall be awarded regardless of whether or not such veteran served within the United States or in a foreign country.
- 3. **Service Information:** Fill out this section as completely as possible and attach copy of Record of Discharge or Separation from Service or Department of Defense Form 214. The Office of the Adjutant General will retain copies forwarded to that office. If Discharge or Report of Separation or DD-214 is not available please provide any other information available to document service.

Some acceptable forms of documentation:

- 1) DD-214 (Korea and Vietnam) "PREFERRED"
- 2) Discharge Papers (World War II) "PREFERRED"
- 3) Active Duty Induction Papers & Proof of Honorable Discharge
- 4) DA form 2-1 & Proof of Honorable Discharge
- 5) Official documentation of medals received (Must show dates of service) & Proof of Honorable Discharge
- 6) Newspaper clippings from that era showing your service (Must reflect dates of service) & Proof of Honorable Discharge

PLEASE DO NOT SEND ORIGINAL DOCUMENTS. WE CANNOT GUARANTEE THEIR RETURN.

4. If Veteran is de	eceased, list Veter	ans address at time	e of death:	12 4 4 1 1 1 1 1 1 1	
Carlotta Maria Carlotta Carlotta				1 1	
					the second second
Street Address		City		State	Zip
					(4) (4) (4) (4) (4)

The application with copy of military service documentation must be returned to the following address:

Office of the Adjutant General

ATTN: VETERANS RECOGNITION PROGRAM

PO Box 1808

Jefferson City, MO 65102 Toll-free: 1-866-834-3431 Phone: (573) 638-9561 Fax: (573) 638-9566