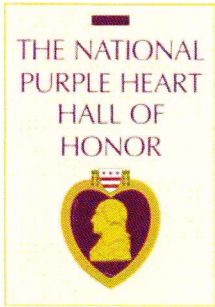


# ENROLLMENT APPLICATION FOR THE ROLL OF HONOR



Note: Please **print**, complete form and return to:

The National Purple Heart Hall of Honor.  
P.O. Box 207,  
Vails Gate, NY 12584

Thank you!

## ENROLLMENT APPLICATION FOR THE ROLL OF HONOR

### **Recipient Info:**

Name (First, Middle, Last, Suffix) **PLEASE PRINT** \_\_\_\_\_

**Recipient information submitted on** \_\_\_\_\_  
(today's date)

Current Address: (if living) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Town: \_\_\_\_\_  
(At time of service) City State

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date of Death (if applicable) \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y

**Yes, I understand I must submit proper verification of receipt of the Purple Heart medal for enrollment in the Roll of Honor.** Please include a copy of **one** or more of the following:

\_\_\_ DD-214 or DD-215 (Discharge Papers) \*      \_\_\_ WD-AGO 53-55 (WWII Discharge Papers)

\_\_\_ General Orders listing the award      \_\_\_ Purple Heart Award Certificate

\_\_\_ A photograph of the back of the medal **if** it has the recipient's name engraved.

\*Please cross out or delete the Social Security number for your protection.

If you do not have any of these items, please call us at 845-561-1765 for further information and clarification.

### **Contact Information:**

Relationship to recipient: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By: Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Would you like to receive NPHHH information or mailings in the future** Yes No

