HUDSON COUNTY OFFICE OF VETERANS AFFAIRS

APPLICATION FOR AWARD / PROGRAM

INSTRUCTIONS

- **Print or type information.**
- **Attach a copy of DD Form 214 or WD Form 53**
- **Attach a copy of death certificate (if applicable)**
- **Mail to:** ***595 County Ave. Bldg.2, Secaucus N.J. 07094 ATTN Office of Veterans Affairs, JoAnn Northgrave (Awards)***
- **For further information - Phone (201) 369-3430 Fax (201) 395-5660**
- **Any missing information your request will not be processed**

Award Requested: Hudson County Distinguished Service Medal

VETERAN'S INFORMATION

1. Name *(Last, First, Middle Initial)*	2. Service Number / SSN	3. Rank/Grade Held Upon Honorable Discharge
……	……	……

4. Address:	5. Residency Upon Entry on Active Duty:
Street: . . . . . Apt	
City: . . . . . State . . . . . Zip Code	City: . . . .
County . . . . . Home Phone: (. . . . .)	
Business phone: (. . . . .). . . . . Cell Phone: (. . . . .)	
E-Mail Address:	State: . . . .

MILITARY SERVICE INFORMATION

6. Branch of Service . . . . . *(Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine)*

7. War Time Service *(Check all that apply)*

World War I	World War II	Korean War	Vietnam War	Lebanon Crisis	Lebanon	Grenada
Panama	Persian Gulf	Somalia	Bosnia	Operation Joint Endeavor	Haiti	Enduring Freedom

8. What Veterans Organizations do you belong to? (If any) …….

POSTHUMOUS AWARD YES NO *(If YES – Complete the following)* (Attach copy of Death Certificate)

9. Name of Person to Receive Award (Last, First, Middle Initial) Relationship to Deceased Veteran

…… …….....

10. Address

…… City…… State…… Zip Code……

Home Phone(….)……. Business Phone (….)…… Cell Phone: (……)……..……

Email Address: ……..

11. Presentation Ceremony Requested YES NO	Signature……	Date…….

For Use by Approving Authority: **Hudson County Office of Veterans Affairs:**