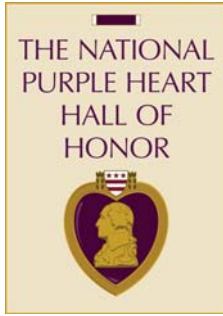


ENROLLMENT APPLICATION FOR THE ROLL OF HONOR



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

Other Information:

____A photograph of you or the recipient in uniform (or a recent one if that is all that is available). Photos cannot be larger than 8x10 and we cannot return photos as they become part of the archive.

____A short (paragraph length) narrative that describes how you (or the recipient) were wounded

We will accept up to five pages of additional material (photos, letters, documents) that can be scanned to become part of the Hall-based version of the Roll of Honor.

Dates of Service: Entered ____/____/____ Discharged ____/____/____
M D Y M D Y

Status: (Check one) WIA____ KIA____ POW____ MIA____ Died of Wounds____

Date when wounded or killed____ **Rank when wounded or killed** _____

Conflict/War during which you were wounded: _____ **and one or more of the following:**

Campaign in which you were wounded _____

Battle in which you were wounded _____

Geographical Location where you were wounded _____

(If you have been awarded more than one Purple Heart, please include additional dates and circumstances for each.)

Branch of Service and Unit: Army: _____ Air Force: _____
(Unit) (Unit)

Marines: _____ Navy: _____ Coast Guard: _____
Unit (Unit/Ship) (Unit/Ship)

Army Air Corps: _____ Merchant Marine _____
[WWII ONLY] (Unit) (Ship)

Member of the Military Order of the Purple Heart? No Yes MOPH membership # _____

*MOPH Membership is **not** required for **Free** enrollment in the National Purple Heart Hall of Honor.

How did you learn about the National Purple Heart Hall of Honor?

Google____ Newspaper____ Radio____ Friend____ Other____
Please indicate source.

Please mail completed form and supporting materials to: Attn: **Roll of Honor, The National Purple Heart Hall of Honor, PO Box 207, Vails Gate, NY 12584.**

Thank you for your assistance. Together we will continue to build the Roll of Honor, the National Purple Heart Hall of Honor's database and archives.