

# Twp. of Hamilton Honors and Remembers its Veterans

The Township Committee has established a "Twp. of Hamilton Honors and Remembers its Veterans" program for all service members living and deceased who are or were residents of the Township that had been separated from their family/home of record due to military service for any reason other than training. If filing for a Posthumous award, awardee did not need to be current resident at time of death. Award is limited to one award per service member.

## INSTRUCTIONS

Print or type information: Attach a copy of DD Form 214 or DD Form 256

**Mail to:** Township of Hamilton Attention Veterans Advisory Board Chairman 6101 13th. Street Mays Landing, New Jersey 08330

For further information contact the chairman at 609-402-5899

## **VETERAN'S INFORMATION**

1. Name (Last, First, Middle Initial)

2. Service Number / SSN

3. Rank/Grade Held Upon Honorable Discharge

Address:

Street: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Business phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

5. Residency Upon Entry on Active Duty:

City: \_\_\_\_\_

State: \_\_\_\_\_

## **MILITARY SERVICE INFORMATION**

6. Branch of Service: \_\_\_\_\_

7. War Time Service (Check all that apply)

World War I  World War II  Korean War  Vietnam  Desert Shield/Storm  Enduring Freedom  Iraqi Freedom

8. Theater of Operations: (Check all that apply)

European – African - Middle Eastern  Asiatic Pacific  North Atlantic  American  Southeast Asiatic  Southwest Asiatic

9. What Veteran's Organizations do you belong to? (If any) \_\_\_\_\_

**POSTHUMOUS AWARD**  YES  NO (If YES - Complete the following)

10. Name of Person to Receive Award (Last, First, Middle Initial)

11. Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

12. **Presentation Ceremony Requested**

YES  NO

Check box if applicant is unable to sign. Preparer will sign and print their full name below the signature line .

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

First, Middle, Last: \_\_\_\_\_

**For use by Approving Authority: Veterans Advisory Board**