

## APPLICATION FOR GOLD MEDAL OF REMEMBRANCE

(Please read Privacy Act Statement, Instructions, and Information on back before completing)

### 1. CONTACT INFORMATION (Type or print name and address)

a. NAME (Last, First, Middle Initial)	b. Street Address, Apt/ # (If applicable)
c. City, State, & Zip Code	d. Home Number
	e. Cell Number
	f. Office
	g. Email

### 2. SERVICE MEMBER DATA

a. NAME (Last, First, Middle Initial)	
b. PAY GRADE OR RANK	c. SERVICE SERIAL NUMBER
d. DATE OF DEATH (DD/MM/YYYY)	e. COMBAT ZONE (PLACE OF DEATH)

### 3. DECEASED WAS A MEMBER OF (X applicable box)

<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Marine Corps Reserve	<input type="checkbox"/> Navy Reserve
<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Air Force

### 4. NOMINATORS RELATIONSHIP TO DECEASED

<input type="checkbox"/> WIDOW	<input type="checkbox"/> FATHER
<input type="checkbox"/> WIDOWER	<input type="checkbox"/> OTHER (Please describe) _____
<input type="checkbox"/> MOTHER	_____

### 5. NAMES AND DATES OF BIRTH OF SURVIVING CHILDREN (RECIPIENTS)

NAME	DOB	NAME	DOB

### 6. POSSIBLE LOCATION FOR GOLD MEDAL OF REMEMBRANCE PRESENTATION (X applicable box)

<input type="checkbox"/> Home State	<input type="checkbox"/> City where you live
<input type="checkbox"/> Washington, DC	<input type="checkbox"/> Other (explain)

PLEASE RETURN THIS FORM TO  
 WHITE HOUSE COMMISSION ON REMEMBRANCE  
 1750 NEW YORK AVENUE NW  
 WASHINGTON, DC 20006

OR FAX TO 202-783-1168