

<b>APPLICATION FOR GOLD MEDAL OF REMEMBRANCE</b>			
(please read Privacy Act Statement and Instructions on back before completing)			
<b>1. CONTACT INFORMATION</b> (Type or print name and address)			
a. <b>NAME</b> (Last, First, Middle Initial)		b. <b>Street Address, Apt. #</b> (If applicable)	
c. <b>City, State, &amp; Zip Code</b>		d. <b>Home Number</b>	
		e. <b>Cell Number</b>	
		f. <b>Office</b>	
		g. <b>Email</b>	
<b>2. SERVICE MEMBER DATA</b>			
a. <b>NAME</b> (Last, First, Middle Initial)			
b. <b>RANK</b>		c. <b>SERVICE SERIAL NUMBER</b>	
d. <b>DATE OF DEATH</b> (YYYYMMDD))		e. <b>COMBAT ZONE (PLACE OF DEATH)</b>	
<b>3. DECEASED WAS A MEMBER OF</b> (x applicable blank)			
<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy Reserve	
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Air Force		
<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard		
<b>4. NOMINATORS RELATIONSHIP TO DECEASED</b> (X one)			
<input type="checkbox"/> WIDOW	<input type="checkbox"/> STEPFATHER	<input type="checkbox"/> SON	<input type="checkbox"/> DAUGHTER BY ADOPTION
<input type="checkbox"/> WIDOWER	<input type="checkbox"/> MOTHER THROUGH ADOPTION	<input type="checkbox"/> DAUGHTER	<input type="checkbox"/> BROTHER
<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER THROUGH ADOPTION	<input type="checkbox"/> STEPSON	<input type="checkbox"/> SISTER
<input type="checkbox"/> FATHER	<input type="checkbox"/> FOSTER MOTHER IN LOCO PARENTIS	<input type="checkbox"/> STEPDAUGHTER	<input type="checkbox"/> HALF BROTHER
<input type="checkbox"/> STEPFATHER	<input type="checkbox"/> FOSTER FATHER IN LOCO PARENTIS	<input type="checkbox"/> SON BY ADOPTION	<input type="checkbox"/> HALF SISTER
			<input type="checkbox"/> GUARDIAN
<b>5. NAMES AND DATES OF BIRTH OF SURVIVING CHILDREN (RECIPIENTS)</b>			
<b>NAME</b>		<b>DOB</b>	<b>NAME</b>
			<b>DOB</b>

**Please return this form to:**  
**The White House Commission on Remembrance**  
**1750 New York Ave, NW**  
**Washington, DC 20006**  
  
**or fax to 202-783-1168**

## **PRIVACY ACT STATEMENT**

Principal Purpose (s): To evaluate the applicant(s) eligibility to receive the Gold Medal of Remembrance

Routine Uses(s): To identify the applicant(s) and establish a personnel record

Disclosure: Voluntary; however, if not provided, an eligible individual may not be issued the Gold Medal of Remembrance

## **INSTRUCTIONS**

Application must be typewritten or completed legibly in ink, signed by nominator and forwarded to:

Gold Medal of Remembrance Program  
The White House Commission on Remembrance  
1750 New York Avenue, NW  
Suite 1776  
Washington, DC 20006  
Fax: 202/783-1168  
Email: [c\\_laspada@remember.gov](mailto:c_laspada@remember.gov)