



National Purple Heart Hall of Honor
P.O. Box 207
Vails Gate, NY 12584
877-28-HONOR
www.thepurpleheart.com

ENROLLMENT FORM FOR THE ROLL OF HONOR

RECIPIENT INFORMATION:

Name (First, Middle, Last, Suffix): _____

Enrollment Submission Date (Today): _____
(MM/DD/YYYY)

Current Address (If living): _____

City: _____ State: _____ Zip: _____

Home Town: _____
(At time of service) City State

Date of Birth: _____
(MM/DD/YYYY)

Date of Death (If applicable): _____
(MM/DD/YYYY)

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 or Permanent Orders listing the award

Purple Heart Award Certificate

**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:

Contact Name: _____ Your relationship the to recipient: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Would you like to receive NPHHH information or mailings in the future Yes No

***** *Please complete second page* *****