

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 8" x10" 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 Roll of Honor.

DATES OF SERVICE: Entered: _____ Discharged: _____
(MM/DD/YYYY) (MM/DD/YYYY)

STATUS (Check one): WIA KIA POW MIA Died of Wounds

Date when wounded or killed: _____ Rank when wounded or killed: _____
(MM/DD/YYYY)

Conflict/War during which recipient was wounded or killed: _____

And *one* or more of the following (if known):

Campaign in which recipient was wounded: _____

Battle in which recipient was wounded: _____

Geographical Location where recipient was wounded: _____

(If more than one Purple Heart has been awarded, please attach additional enrollment form to detail circumstances.)

BRANCH OF SERVICE & UNIT INFORMATION:

Army (Unit): _____

Air Force (Unit): _____

Coast Guard (Unit): _____

Marines (Unit): _____

Navy (Unit/Ship): _____

Merchant Marine (Ship): _____

Army Air Force (Unit): _____ [WWII ONLY]

Is the recipient a member of the Military Order of the Purple Heart? No Yes MOPH membership # _____
MOPH Membership is not required for 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.