



Commonwealth of Pennsylvania
 Department of Military and Veterans' Affairs
 Office of the Deputy Adjutant General for Veterans Affairs
 Fort Indiantown Gap, Annville, Pennsylvania 17003-5002



OPERATION RECOGNITION APPLICATION

PLEASE PRINT

Applicant's Name: _____

Current Address: _____

Phone Number: _____

Name of high school
 veteran attended: _____

Address: _____

Dates of attendance: _____ Year veteran would have graduated: _____

Date veteran entered military service: _____ Branch of service: _____

I verify that the above information is accurate.

(Veterans Signature)

(Date)

If veteran is deceased, please fill out below.

I, _____, am applying on behalf of _____,

(Applicant name)

(Veteran's name)

who is deceased.

I verify that the above information is accurate.

(Signature)

(Date)

(Relationship to Veteran)