



National Purple Heart Hall of Honor
P.O. Box 207 Vails Gate, NY 12584
845-561-1765
www.thepurpleheart.com

ENROLLMENT FORM FOR THE ROLL OF HONOR

RECIPIENT INFORMATION:

Date (Today): _____ Prefix (Dr., Mr., Mrs. Ms.): _____
(MM/DD/YYYY)
Name (First, Middle, Last, Suffix): _____
Current Address (If living): _____
City: _____ State: _____ Zip: _____
Hometown (At time of service): _____
City _____ State _____
Date of Birth: _____ Date of Death (If applicable): _____
(MM/DD/YYYY) (MM/DD/YYYY)

____ **Yes, I understand I must submit official 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)
*Please cross out or delete the Social Security number for your protection
____ General or Permanent Orders listing the award ____ Purple Heart Award Certificate

If you do not have any of these items, please call us at 845-561-1765 for further information and clarification.

The Roll of Honor database is intended to commemorate the sacrifices of Purple Heart recipients by gathering and sharing their stories. Enrollments are voluntary and Hall of Honor staff make a good faith effort to review and verify the accuracy of all official documents submitted. The National Purple Heart Hall of Honor is not affiliated with the Department of Defense, the military branches of service, or any other organizations. The Hall of Honor reserves the right to verify relevant documents through the National Personnel Records Center and/or Branch of Service awards command.

CONTACT INFORMATION:

Contact Name: _____ Relationship 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 *******

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" x 10" 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.

Please identify the source of the photographs you are submitting: [] Personal [] Other

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

How did you learn about the National Purple Heart Hall of Honor?

Google _____ Newspaper _____ Radio _____ Friend _____ Other _____

By submitting this enrollment application, you agree that you have provided, to the best of your knowledge, accurate, current and complete information and you agree to update your information as necessary to maintain its truth and accuracy.

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.