



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:

Prefix (Dr., Mr., Mrs. Ms.): _____

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 *****

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.

**Please identify the source of the photographs you are submitting: [] personal [] other _____.
(Please note copyrighted images are prohibited.) Please list source*

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.