



# KANSAS OFFICE OF VETERANS SERVICES



## State of Kansas Vietnam War Medallion Program Application Form Please Type or Print Legibly

Please mail award.

Ceremony is requested. (Groups of veterans requesting ceremony please send all applications together and assign a point of contact so we can better assist you in coordinating your ceremony.)

Veteran's Information		
Last Name	First Name	Middle Name or Initial
*Current Street Address	*City	*State and Zip Code
Date of Birth	Home Phone	County

\* If veteran is deceased--check here  and complete section 4 on reverse side of form.

Please neatly print the veteran's service information as it should appear on your certificate.		
Service Number	Social Security Number	Branch of Service (select one)
Highest Rank or Grade Attained:	<input type="checkbox"/> Marine Corps <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard	_____
Dates of Service in Vietnam War Era:		_____

Surviving spouse or eldest living survivor to receive award should eligible veteran be unable to receive award:		
Last Name	First Name	Middle Name or Initial
Street Address	City	State and Zip Code
Relationship	Home Phone	Work Phone
Is veteran deceased? (Circle one) Yes No		

Veteran or the person authorized to apply for the Veteran Recognition Award **must attach copy of the veteran's DD 214 that substantiates record of service or Report of Discharge or Separation from Service.** Other forms of acceptable documentation are listed on the back. Applicant's signature attests that information provided above is correct and separation from service was under honorable conditions. Signature of applicant's other than veteran attests that applicant is the spouse or eldest living survivor, and that the information provided is correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SEE REVERSE FOR INSTRUCTIONS FOR COMPLETION OF FORM

FOR USE BY THE KOVS DIRECTOR OF VETERAN SERVICES ONLY
Was the above named veteran: On active duty during the period of 28 February 1961 to 7 May 1975? Yes___ No___ Approved___ Disapproved___ By _____ Date _____ Reason for Disapproval _____

# Instructions for Completion of Vietnam War Medallion Program Application Form

## 1. Who may apply?

- a. Any veteran who meets the eligibility requirements listed below is entitled to a medallion, medal, and certificate.
- b. Any spouse or eldest living survivor of a veteran who meets the eligibility requirements listed below but died prior to having made application is entitled to a medallion, medal, and certificate.
- c. This award is recognition of the veteran's service. Only one award will be issued in the name of each veteran.

## 2. Eligibility Requirements:

- a. The veteran must have served on active duty in the United States military service at any time during the period of February 28, 1961 to May 7, 1975.
- b. The veteran was a legal resident of Kansas at the time he or she entered or when he or she was discharged from military service or at the time of his or her death.
- c. The veteran must have received an honorable discharge, or still be in active service in an honorable status, or have active service in an honorable status at the time of his or her death.
- d. The Vietnam War medallion, medal, and certificate shall be awarded regardless of whether or not such veteran served within the United States or in a foreign country.

3. **Service Information:** Fill out this section as completely as possible and attach a copy of Department of Defense Form 214. If the DD-214 is not available a copy of the veterans Record of Discharge or Separation from Service is acceptable. The Kansas Office of Veterans Services, Veteran Services program will retain copies forwarded to that office. If Discharge or Report of Separation or DD-214 is not available, please provide any other information available to document service.

### Some acceptable forms of documentation:

- 1) DD-214
- 2) Discharge Papers
- 3) Armed Forces Identification Card (Active)

**PLEASE DO NOT SEND ORIGINAL DOCUMENTS WE CANNOT GUARANTEE THEIR RETURN.**

4. If different than current address, please list veteran's address at time of death:

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*Street Address*

*City State Zip*

5. The application with copy of military service documentation must be returned to the following address:

**Kansas Office of Veterans Services  
Deputy Director of Veterans Services  
700 SW Jackson Ave. Suite 1004  
Topeka, KS 66603  
Toll-free: (800) 513-7731  
Phone: (785) 296-3976  
Fax: (785) 296-1462  
E-mail [vicki.vawter@ks.gov](mailto:vicki.vawter@ks.gov)**

If assistance is needed in completing the application, please contact your local Kansas Office of Veterans Services Field Office.