



# HUNTERDON COUNTY VETERAN'S MEDAL REGISTRATION FORM



Veteran's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

## SERVICE INFORMATION

Branch of Service: \_\_\_\_\_

Rank Achieved: \_\_\_\_\_

Service Dates: \_\_\_\_\_

The person named is **CURRENTLY A HUNTERDON RESIDENT** who served on active duty in any branch of the U.S. military for at least 90 days.

Signature: \_\_\_\_\_

Please enclose a copy of one of the following: Service Record, Report of Separation (DD Form 214), or Discharge Document. Completed forms should be returned to:

County of Hunterdon  
Veteran's Medal Recognition  
County Administrator's Office  
PO Box 2900  
Flemington, NJ 08822-2900  
Phone No. 908-788-1104

\*\*\*\*\*

If you are applying on behalf of a Hunterdon County Veteran resident, please include your contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship  
To Veteran: \_\_\_\_\_