

Military Order of the Purple Heart - Dept of MN

Free Life Membership Application Form

Please enter the following information, print out a copy, sign it, and send it with a copy of the supporting document you indicated below to:

Military Order of the Purple Heart
Dept of MN
20 - 12th Street West, Rm 163D
St. Paul, MN 55155

Name	<input type="text"/>	Home Phone	<input type="text"/>	
Address	<input type="text"/>	Office Phone	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	
	Zip Code	<input type="text"/>	Fax	<input type="text"/>
Email Address	<input type="text"/>			

Service Army Navy Air Force Marines Coast Guard

War Wounded WWII KOREA VIETNAM GULF WAR OIF/OEF OTHER _____

Military Unit	<input type="text"/>	Date of Birth	<input type="text"/>
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Date Entered Service	Date Departed Service	Military Serial Number	VA Claim Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Wounded	Engagement
<input type="text"/>	<input type="text"/>

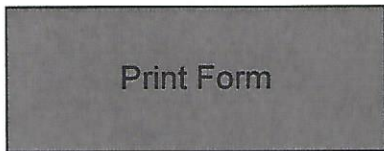
One of the following documents that reflect the award of the Purple Heart must be submitted with the application form:

DD214 DD215 WD AGO53-55 GENERAL ORDERS LETTER OF TRANSMITTAL

Please sign your name on the line above

Today's Date SSN (OPTIONAL)

Next of Kin	Relationship
<input type="text"/>	<input type="text"/>



Office Use:
Member # _____
Chapter # _____
Signed up by _____
Chapter # _____

For Help Contact: Dept of MN MOPH
651-227-4456
Leave a voice mail
and we will call you back.