



# National Purple Heart Hall of Honor

P.O. Box 207

Vails Gate, NY 12584

877-28-HONOR

[www.thepurpleheart.com](http://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.*