

War Monument Restoration Committee
Town of Harvard
13 Ayer Road, Harvard, MA 01451

Veteran Recognition Application

Date: _____

I herewith apply for recognition on the Town of Harvard Roll of Honor for:

- ☐ World War II
- ☐ Korean War
- ☐ Vietnam War
- ☐ Gulf War Era (August 1990 to present)¹

Name to appear as shown

First Name	Middle Name (or initial)	Last Name
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Please provide proof of Veteran's eligibility:

- (1) Attach evidence of Honorable Discharge from the military and Veteran status (A copy of the DD Form 214 Service-2 "long form" showing box 24 is preferred. A list of additional acceptable discharge documents are at <https://www.va.gov/records/discharge-documents/>).²
- (2) If applying for a veteran who is deceased, did the veteran die in the line of duty, such as a battle death or other deaths in service? ☐ (Check if yes.)
- (3) Attach evidence of Veteran's Town of Harvard residency³ (documents showing Harvard home of record or residency such as utility bill, rental/lease agreement, voting registration, or other records).
- (4) List period(s) of residency showing a minimum of 10 years (cumulative):

¹ For compensation and pension purposes, the Persian Gulf War period has not yet been terminated and includes Veterans of Operations Desert Shield/Storm, Enduring Freedom, Iraqi Freedom, Freedom's Sentinel, New Dawn, and the Global War on Terror; [America's Wars Fact Sheet](#), Nov. 2019, accessed July 18, 2020,

² If you need assistance requesting such evidence, please contact your local VA [Accredited Representative](#) (MA [Veteran Service Officer](#) or [Veteran Service Organization](#)). If you are a veteran or the next of kin of a deceased veteran, you can directly request recent records (World War I - Present) from [USA.gov](#) or [NARA](#).

³ [Citizen/Resident](#): Someone who lives within the Town of Harvard for more than six months out of the year and either owns or rents the property where they reside.

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Please provide current information about yourself as the applicant in case we need to contact you:

a. Name: _____

b. Address: _____

c. Phone: _____

d. Email: _____

If applying on behalf of Veteran, specify relationship to Veteran (e.g., Self, Spouse, Sibling, Parent, Child, Other): _____

Please sign the Certification Statement below:

I certify that to the best of my knowledge the individual named on this application has not been recognized on a monument elsewhere for Military Veteran Service to America.

Signed _____

Mail signed application and supporting documentation to:

Town of Harvard
Attn: WMRC
13 Ayer Road
Harvard, MA 01451

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For WMRC to complete:

Approval / Disapproval _____

Meeting Minutes Date _____