

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.

Town of Harvard War Monument Restoration Committee Veteran Recognition Application

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 _____