



**Commonwealth of Pennsylvania
 Department of Military and Veterans' Affairs
 Office of the Deputy Adjutant General for Veterans Affairs'
 Fort Indiantown Gap, Annaville, Pennsylvania 17003-5002**

OPERATION RECOGNITION APPLICATION

PLEASE PRINT

Applicant's Name: _____

Current address: _____

Name of High School

Veteran attended: _____

Address: _____

_____ District _____

Dates of attendance: _____ Year Veteran would have graduated: _____

Date Veteran entered Military Service: _____ Branch of service: _____

I verify that the above information is accurate.

Veteran's Signature

Date

If Veteran is deceased, please fill out below

I, _____, am applying on behalf of _____,

(Applicant Name)

(Veteran's Name)

who is deceased.

I verify that the above information is accurate.

Signature

Date

Relationship to Veteran