

# SALEM COUNTY MILITARY SERVICE MEDAL

The Salem County Military Service Medal was created to express the Counties gratitude by honoring its **CURRENT** residents who had served on active duty with any Branch of our Regular Active Armed Forces and were separated under "Honorable Conditions" and **must have served on active duty for 180 days or more**. Exception to the 180 day rule will apply to Reservist & National Guardsman who were called up for active duty for support of operations in South West Asia or any veteran who was discharged because of a non-pre-existing medical. The Reserves DD 214 must state "**14 days or more in area of operations**" to be eligible.

Those Reservists with active duty for TRAINING AND OR SCHOOL ONLY are not eligible.

## **TO APPLY:**

1. Fill out other side of application and answer all questions that apply.
2. After signing and dating attach copy of DD-214, Separation Form 53-55 or 553.
3. If claiming Operation, name of operation must be on separation document.
4. Include proof of current residency in the County with application (*a current bill with name and address, voter registration, tax bill, etc.*)

Questionable cases of eligibility will be decided case by case and may require the applicant to submit additional information or evidence.

***No person shall be entitled to more than one award of the Salem County Military Service Medal.***

If you checked YES on presentation requested, you will be notified of the date, time, and place of presentation of your medal if approved.

If you checked NO on presentation requested the Salem County Veterans Service Officer will inform you of the date to pick up your medal at his office. **NO MEDALS WILL BE MAILED; THEY MUST BE PICKED UP BY VETERAN OR PERSON DESIGNATED BY THE VETERAN.**

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## APPLICATION INSTRUCTIONS

- Complete application and return with a copy of your Honorable Separation Form 53-55 or 553 or DD-214
- Attach Proof of Residence in Salem County
- Mail to: Veterans Services, 110 Fifth Street, Salem, New Jersey 08079
- For other information call: (856) 339-8603

## VETERANS INFORMATION

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Service Number/SSN: \_\_\_\_\_ 3. Rank/Grade Held Upon Honorable Discharge \_\_\_\_\_

4. Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
County: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

5. Era of Service (Please check all that apply) (ATTACH DD-214)  
 WWII  Korean Conflict  Vietnam Conflict  Desert Storm  Operation (List Name of Operation)  Peacetime

6. Branch of Service: \_\_\_\_\_

Presentation Requested:  YES  NO

\_\_\_\_\_  
(Signature) (Date)

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### For Use by Approving Authority Only

Date Received: \_\_\_\_\_  
Enclosures: DD Form 214 \_\_\_\_\_ WD Form 53-55 \_\_\_\_\_ Form 553 \_\_\_\_\_

CHARACTER OF DISCHARGE: \_\_\_\_\_

APPROVED  DISAPPROVED INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS: