



# Louisiana Veterans Honor Medal Application



*Honoring the Sacrifice and Service of Our Veterans*

## Eligibility Criteria

- Veteran is a current Louisiana resident, was a Louisiana resident upon entering military service, or was a Louisiana resident at the time of death.
- Veteran served in the U.S. Armed Forces during wartime and peacetime.
- Veteran received an honorable discharge or died prior to separation.
- Louisiana National Guard/Reservist.
- For military personnel killed while on active duty, please attach for DD 1300/Death Certificate.
- Only one medal per Veteran/ per Family will be awarded.

**NOTE: Please send *ONLY* copies of supporting documents, no originals!  
LDVA will not return documents.**

## **Veteran's Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M F  
      
 Living Deceased Purple Heart Killed in Action POW/MIA  
 Mailing Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ Rank Held upon Discharge: \_\_\_\_\_  
 Entered Active duty: \_\_\_ / \_\_\_ / \_\_\_\_\_ (month/day/year) Exited: \_\_\_ / \_\_\_ / \_\_\_\_\_

## **Applicant Information**

*(To be completed by those applying on behalf of a Veteran)*

Name: \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Please check your preference:**

- I would like to have my medal awarded to me at a Veteran's Honor Medal Ceremony.
- I would like to have my medal mailed to me at the above listed address.
- I would like to receive my medal at my local LDVA Parish Service Office.

Please mail completed form and DD Form 214/ Discharge Papers to:  
Louisiana Department of Veterans Affairs, ATTN: Honor Medals Administrator  
P.O. Box 94095, Baton Rouge, Louisiana 70804