



# Mississippi Veterans Honor Medal Application

*Honoring the Sacrifice and Service of Our Veterans*



## Eligibility Criteria

- Veteran is a current Mississippi resident, was a Mississippi resident upon entering military service, or was a Mississippi resident at the time of death.
- Veteran served in the U.S. Armed Forces during wartime and/or peacetime.
- Veteran received an honorable discharge.
- Mississippi National Guard/Reservist.
- Only one medal per Veteran/ per Family will be awarded.
- Cost of Honor Medal is \$17.00. Please make checks out to Mississippi Veterans Affairs.

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

### Veteran's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

**Circle all that apply:**

Purple Heart WWII Korea Vietnam Persian Gulf  
 Global War on Terror Honorably Discharged

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

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 mail completed form, DD Form 214/Discharge Papers and Payment to:  
 Mississippi Veterans Affairs, ATTN: Honor Medals Administrator  
 660 North Street, STE 200, Jackson, MS 39202