

Application for Cold War Recognition Certificate Primary Next of Kin

Instructions: Fill out this application and mail with **supporting documentation** or fax to the Cold War Office with your proof of service. An **acceptable supporting document** includes any official government or military document that contains the recipient's name, Social Security Number or Military Service Number or Foreign Service Number, and a date showing at least one day of service during the Cold War era (September 2, 1945 to December 26, 1991). Examples include DD Form 214, a Leave and Earnings Statement, and the Standard Form 50. **DO NOT SEND ORIGINAL DOCUMENTS.**

You must certify the honorable service of the awardee by signing and dating the application and returning it with a copy of supporting documents to:

USAHRC Cold War Recognition Program Attn: AHRC-PDP-A, Dept 480 1600 Spearhead Division Avenue Fort Knox, KY 40122-5408	-Or-	Fax 1-800-723-9262 or 502-613-9510
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Awardee Name (First, MI, Last): _____

Requestor's Name (Primary Next of Kin): _____

ID Type: SSN, MSN, or FSN (Circle One) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Requestor Email Address: _____

I confirm the awardee's faithful and honorable service to the nation during the Cold War Era.

Signed: _____ Date: _____

Print the application, sign, attach a copy of supporting document(s), and mail or fax to the address listed above. Privacy Act Statement is continued on the next page.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; Public Law 105-85, Fiscal Year 98, National Defense Authorization Act; and Executive Order 9397.

PRINCIPAL PURPOSE: To secure sufficient information from the individual so to determine eligibility and to process the individuals' requests for the Cold War Recognition Certificate.

ROUTINE USES: Information is used for official purposes within the Department of Defense; specifically, to process requests for Cold War Certificates. This information may be used in accordance with established Routine Uses for all Department of Defense and Department of the Army system notices.

DISCLOSURE: Disclosure of the Social Security Number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, and may prevent the agency from determining eligibility of the requester for the certificate.