

**NEWFOUNDLAND VOLUNTEER WAR SERVICE MEDAL
GENERAL APPLICATION FORM**

TO BE COMPLETED AND SENT TO: Government of Newfoundland and Labrador
Government House, Protocol Office
P.O. Box 5517
St. John's NL A1E 5W4
Tel: 709-729-3670 Fax: 709-729-2234
Email: ThomasineBarry@gov.nl.ca

APPLICANT'S NAME _____

RELATIONSHIP TO VETERAN _____
(if application not made by Veteran but by relative)

ADDRESS _____ **POSTAL CODE** _____

VETERAN'S NAME: _____ **SERVICE NO.** _____

BRANCH OF SERVICE _____

THEATRE OF SERVICE (Where) _____ **YEARS OF SERVICE** _____

MEDALS ALREADY HELD _____

Is Veteran eligible for or has he received a volunteer service medal from any other country: _____

Was Veteran domiciled in what is now the Province of Newfoundland prior to his enlistment in the British Imperial Forces? (Royal Navy, British Army and Royal Air Force and units of them) _____

I HEREBY CERTIFY that the information given in this application form is true, correct and complete in every respect.

_____ Date

_____ Signature of Applicant

NOTE: If application made by a relative of a deceased Veteran, a Statutory Declaration (Form B) must accompany application.

For Completion by Department of Veterans Affairs
Service verified _____
Signature _____
Date _____

For Completion by Provincial Government
Medal Number Assigned _____
Date Distributed _____

Privacy Notice

Under the authority of the *Volunteer War Service Medal Act* personal information is collected for program requirements. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)*. Any questions or comments can be directed to Chief of Protocol at 709-729-3670.
