

**NEWFOUNDLAND VOLUNTEER WAR SERVICE MEDAL  
MERCHANT NAVY APPLICATION FORM**

**TO BE COMPLETED AND SENT TO:** VETERANS AFFAIRS CANADA  
Merchant Navy Registry  
Honours and Awards Clerk  
66 Slater Street  
Ottawa ON K1A 0P4  
PHONE: 1-613-992-3948 1-800-995-5003  
FAX: 1-613-947-3844

**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** \_\_\_\_\_ **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? \_\_\_\_\_

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.

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For Completion by Department of Veterans Affairs For Completion by Provincial Government

Service verified \_\_\_\_\_

Medal Number Assigned \_\_\_\_\_

Signature \_\_\_\_\_

Date Distributed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_