

INSTRUCTIONS

POSTHUMOUS CONNECTICUT VETERANS WARTIME SERVICE MEDAL APPLICATION

Use this form (CTDVA VM-2) to apply for award of a *Posthumous Connecticut Veterans Wartime Service Medal* for Veterans who died on or after November 12, 1918.

POSTHUMOUS CONNECTICUT VETERANS WARTIME SERVICE MEDAL

PURPOSE: One (1) Posthumous Connecticut Veterans Wartime Service Medal per Connecticut veteran with qualifying wartime military service is eligible to be issued to a designated family member.

ELIGIBILITY: In order to receive the Posthumous Connecticut Veterans Medal, the family of the qualifying veteran must provide the following:

1. Submit documentary proof of **qualifying military wartime service** (90 days wartime service, unless the war or operation lasted less than 90 days);
2. Submit proof of an **honorable discharge** from military service (or discharge due to injuries received in the line of duty) for the qualifying wartime service.
3. Submit a copy of the Veterans **death certificate** indicating a date of death on or after November 12, 1918.
4. Submit proof that the veteran was a **resident of the State of Connecticut** at the time of death or was a resident at the time of his/her qualifying wartime service.

LIMITATIONS: Only one (1) medal per qualifying Connecticut veteran will be awarded to a designated family member. The family member applying for the medal will certify that they are the designated family representative who will receive the medal.

DOCUMENTATION REQUIRED:

1. Completed and signed application form (CTDVA VM-2)
2. Proof of service during a period of war (e.g. DD Form 214 or other documentation if DD Form 214 is unavailable)
3. Death certificate.
4. Proof of residency in the State of Connecticut of the eligible veteran at the time of death or proof of residency during time of qualifying military service (e.g., copy of death certificate or DD Form 214 indicating a Connecticut address.)

BACKGROUND & ELIGIBILITY

The *Posthumous Connecticut Veterans Wartime Service Medal* is authorized by Connecticut General Statutes Section 27-73e.

Immediate family members/next-of-kin of qualifying Connecticut veterans are authorized to apply for the *Posthumous Connecticut Veterans Wartime Service Medal*. Only one (1) medal will be issued per qualifying veteran. By submitting a signed application form (CTDVA VM-2), the family member is certifying that he/she is the duly authorized representative of the veteran's family to receive the medal. The State of Connecticut residency requirement applies to the qualifying veteran – not to the family member who is applying for the medal.

SEND APPLICATIONS AND SUPPORTING DOCUMENTATION TO:

CT Department of Veterans Affairs
ATTN: Veterans Wartime Service Medal
287 West Street
Rocky Hill, CT 06067
Fax: 860-616-3562

E-Mail: oaadva@ct.gov

Veterans Info Line
1-866-9CT-VETS (1-866-928-8387)

POSTHUMOUS CONNECTICUT VETERANS WARTIME SERVICE MEDAL APPLICATION

(To be completed by applying family member. Limit one application per veteran family)

| 1. DECEASED VETERAN'S SERVICE INFORMATION | | |
|---|------------|----------------|
| Last Name | First Name | Middle Initial |
| Dates of Service: | From | To |

| Military Rank & Grade | Branch of Service | Type of Discharge |
|-----------------------|---|------------------------------------|
| | <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Honorable |
| | <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Medical |
| | <input type="checkbox"/> Navy | <input type="checkbox"/> Other |

| Period of War |
|--|
| <input type="checkbox"/> World War II (December 7, 1941 – December 31, 1946) |
| <input type="checkbox"/> Korean Conflict (June 27, 1950 – January 31, 1955) |
| <input type="checkbox"/> Vietnam (February 28, 1961 – July 1, 1975) |
| <input type="checkbox"/> Persian Gulf Era (August 2, 1990 – a date to be determined by Presidential proclamation or federal law. This included Operations Desert Storm, Desert Shield, Enduring Freedom – Afghanistan, and Iraqi Freedom) |
| OR, Military Actions that qualify IF the veteran engaged in combat or served in a direct combat support role in: |
| <input type="checkbox"/> Lebanon (July 1, 1958 – November 29, 1958) <input type="checkbox"/> Lebanon (September 29, 1982 – March 20, 1984) |
| <input type="checkbox"/> Grenada (October 25, 1983 – December 15, 1983) |
| <input type="checkbox"/> Operation Ernest Will -- escorting of Kuwaiti Oil Tankers in the Persian Gulf (July 24, 1987 – August 1, 1990) |
| <input type="checkbox"/> Panama (December 20, 1989 – January 31, 1990) |

| 2. VETERANS' DEATH/RESIDENCY INFORMATION |
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|----------------|
| Date of Death: |
|----------------|

| | |
|------------------------------|-------|
| Location of Death: City | State |
|------------------------------|-------|

| | | |
|---|--|---|
| Deceased veteran was a citizen of Connecticut at: <i>(check all that apply)</i> | <input type="checkbox"/> Date of death | <input type="checkbox"/> During qualifying military service |
|---|--|---|

| 3. DESIGNATED FAMILY MEMBER/APPLICANT'S INFORMATION |
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| | | |
|---|--|----------------|
| Last Name | First Name | Middle Initial |
| Mailing Address (address where medal is to be mailed) | | |
| City | State | Zip Code |
| Primary Phone Number () - - - | Secondary Phone Number () - - - | E-Mail Address |
| Relationship to Deceased Veteran | | |

 SIGNATURE OF DESIGNATED FAMILY APPLICANT

 DATE SIGNED

4. APPLICANT, INFORMATION VERIFICATION AND ACCESS AUTHORIZATION

STATEMENT OF ELIGIBILITY AND CONFIDENTIALITY

I attest that I am the official designee of my family who has been authorized to apply for and receive the Posthumous Connecticut Veterans Wartime Service Medal. I understand that only (1) Wartime Service Medal will be issued to each family of the eligible veteran. I understand that this application with the required documentation and access to any additional military records will be the primary means of determining eligibility for the Connecticut Veterans Wartime Service Medal. Disclosure of the requested information is voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility. Unverified eligibility will result in the denial and return of this application. All submitted documentation becomes the property of the CT Department of Veterans' Affairs and will not be returned or released to outside parties. I attest that the information provided on this application is true and correct to the best of my knowledge.

| 5. ELIGIBILITY (TO BE COMPLETED BY CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS) | |
|--|--|
| APPROVED <input type="checkbox"/> | |
| <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <div style="width: 60%; border-bottom: 1px solid black;"></div> <div style="width: 35%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> SIGNATURE OF CTDVA VERIFICATION OFFICER DATE </div> | |
| REJECTED <input type="checkbox"/> | |
| Reason for Ineligibility <input type="checkbox"/> Lack of documentation – Could not verify eligibility <input type="checkbox"/> Did not have qualifying military service <input type="checkbox"/> Veteran was not honorably discharged or discharged for injuries sustained in the line of duty | |
| <i>ALL APPLICANTS MUST SUBMIT DOCUMENTATION WITH THIS APPLICATION TO VERIFY MILITARY SERVICE AND DATE OF DEATH</i> | |