

Kentucky Medal for Freedom Nomination

Anyone eighteen years old or older may submit this application on behalf of the Nominee with the understanding that the Medal for Freedom shall only be entrusted to the Primary Next of Kin as determined by the Kentucky Department of Veterans Affairs. Primary Next of Kin, in order of priority, is defined as:

1. Widow or widower
2. Children
3. Parents (unless legal custody was granted to another person)
4. Blood or adoptive relative granted legal custody
5. Sibling in the order of age (oldest first)
6. Grandparents
7. Other relative
8. Close friend or associate.

Deceased Service Member (Nominee) Information:

1. First Name _____ MI _____ Last Name _____
2. Date of Birth _____ Place of Birth _____
3. SSN _____ Branch of Service _____
4. Date Entered Service _____ Home of Record at Time of Entry _____
5. Date of Casualty _____ Place of Casualty _____
6. Circumstances: _____
7. Marital Status at time of death: _____ **Attach supporting documentation (DD Form 1300)**

Primary Next of Kin (Applicant) Information:

1. First Name _____ MI _____ Last Name _____
2. SSN _____ Relationship to Nominee _____
3. DOB _____ Place of Birth: _____
4. Street Address _____
5. City _____ State _____ Zip Code _____
6. Home Phone Number _____ Cell Phone Number _____
7. Email Address: _____

Applicant Certification

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will be prosecuted. I hereby authorize the Kentucky Department of Veterans Affairs to make all necessary investigations concerning my status and the eligibility of the above listed nominee. I authorize the Kentucky Department of Veterans Affairs to receive the records attached in support of this application.

Signature of Applicant: _____ Date: _____

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KDVA Office Use Only

Approved / Disapproved (Circle One)

Date: _____

Remarks: _____

Signature of Panel Chairperson: _____

Signature of Panel Member: _____

Signature of Panel Member: _____