

**Application for New York State Cold War Recognition Certificate  
(Primary Next of Kin)**

Privacy Notice

**Authority:** Military Law, section 247.

**Principal Purpose:** To secure sufficient information from an applicant or a requester to determine eligibility and to process requests for the Cold War Recognition Certificate.

**Routine Uses:** Information is used for official purposes within the Division of Military and Naval Affairs; specifically, to process requests for Cold War Certificates. This information may be used in accordance with established uses for the Division of Military and Naval Affairs.

**Disclosure:** Disclosure of the last four (4) digits 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 Cold War Certificate.

**Instructions:** Fill out this application and mail or email with supporting documentation to the Division of Military and Naval Affairs, ATTN: MNP-AWD, with your proof of military service. Acceptable supporting documents include any official government or military document that contains the recipient's name, address indicating New York State residency, last four numerals of the recipient's Social Security Number, and dates of service showing at least one day of service during the Cold War era (September 2, 1945 to December 26, 1991). Examples of acceptable supporting documentation include DD Form 214 and NGB Form 22.

You must certify your honorable service by signing and dating the application and returning it with a copy of supporting document(s) to:

**First Class Mail:**

Division of Military and Naval Affairs  
ATTN: MNP-AWD  
330 Old Niskayuna Road  
Latham, New York 12110-3514

**Electronic Mail (Email):**

[ng.ny.nyarnq.list.mnp-awards@army.mil](mailto:ng.ny.nyarnq.list.mnp-awards@army.mil)

Awardee's Name (First, MI, Last): \_\_\_\_\_

Last Four (4) Numerals of Awardee's Social Security Number: XXX-XX- \_\_\_\_\_

Requestor's Name (Primary Next of Kin): \_\_\_\_\_

Requestor's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requestor's Daytime Phone Number: \_\_\_\_\_

By submission of this form and supporting documentation, I confirm the awardees' faithful and honorable service to the state of New York and the nation during the Cold War Era. **DO NOT SEND ORIGINAL DOCUMENTS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_