APPLICATION (For use of this form, see DMNA Reg 672-1. Proponent is MNP-AWD)

SECTION I PERSONAL DATA

From:				
	(FIRST NAME)	(MIDDLE INITIAL)	(LAST NAME)	
Full Home Address:				
Phone Number / E-r	nail Address:			
Branch of Service: _				
Please place a chec	k mark alongside of th	e award(s) you are reques	ing.	
□ NEW YOF	RK STATE KOREAN	WAR COMMEMORAT	VE MEDAL	
□ NEW YOF	RK STATE VIETNAM	I WAR COMMEMORAT	IVE MEDAL	
substantive docume NGB-22, DD Form 2	ntation to support this l 214, etc.). This docume	request. Attached is a copy intation will include my Hor	am requesting. I am forwardin of Report of Separation fron norable Discharge, list of awa ate citizenship while serving	n Active Duty (i.e. or certificates
		Signat	ure of Applicant or Posthumo	usly Requested By

MAIL TO: The Adjutant General Division of Military and Naval Affairs ATTN: MNP-AWD Latham New York 12110-3514

DMNA Form 106A-R (01 FEBRUARY 2024)

*Privacy Act and NY State Personal Privacy Protection Law information. See DMNA Reg 672-1 for details