

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 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 with **supporting documentation** to the Division of Military and Naval Affairs, ATTN: MNGA-AWD, with awardees' proof of 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, WD AGO 53-55, and NGB Form 22. **DO NOT SEND ORIGINAL DOCUMENTS.**

You must certify the honorable service of the awardee 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: MNGA-AWD
330 Old Niskayuna Road
Latham, New York 12110-3514

Electronic Mail (Email):

Awardee's Name (First, MI, Last): _____

Last Four (4) Numerals of the 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: _____

Requestor's Contact Email Address (if applicable): _____

Please mail my Cold War certificate.

Please Email my Cold War certificate.

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. Please enter initials in box and enter date below if submitting electronically:

Signature: _____ **Date:** _____