



FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

Honoring those who served U.S.

Governor's Veterans Service Award Presentation

I certify that I am a legal Florida resident who is either serving honorably as a member of the U.S. Armed Forces, the U.S. Coast Guard, the Florida National Guard, or the U.S. Reserve Forces or that I have been honorably discharged or retired from active duty as a member of the U.S. Armed Forces, the U.S. Coast Guard, the Florida National Guard, the U.S. Reserve Forces, or Merchant Mariners with veteran status.

First Name _____ Last Name _____

Rank _____ Branch of Service _____

Served from _____ to _____
Date Date

Address _____

City/State/Zip _____

Email _____ Phone _____

Would you like to be contacted about federal and state benefits you may be entitled to as a result of your military service? Yes No

I certify that the information I have provided above is, to the best of my knowledge, true, correct and complete. I understand that any untruthful statement, misrepresentation, or false claim concerning my military service is a crime punishable by Florida and Federal law.

Signature _____

Staff use only

Proof of veteran's status provided:

DD 214 VA ID Card FL Driver License with "V" Designation

Veterans' Service Organization Membership Card _____

Retired ID Card Other _____

Reviewed by (staff member's name): _____

Signature: _____