DELAWARE COMMISSION OF VETERANS AFFAIRS

Certificate of Appreciation Application

Veterans Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: (Home) _____ **(Work or Cell)**_____

Date Entered Service _____ **Date Separated** _____ **Branch of Service** _____

Date of Birth _____ **Type of Discharge** _____ **Highest Rank Achieved** _____
(Only required if requesting rank on certificate)

Is Veteran Deceased? Yes or No (please circle one)

ELIGIBILITY REQUIREMENTS: A current resident of the State of Delaware or resident when he or she entered the Armed Forces of the United States and honorably discharged.

Please submit this application with a copy of Certificate of Release or Discharge from Active Duty, (DD-214) to:

Delaware Commission of Veterans Affairs
Robbins Building
802 Silver Lake Blvd, Suite 100
Dover, DE 19904
Phone: (302) 739-2792 or 1-800-344-9900 (in State only)

Signature of Veteran/spouse or next of kin _____ **Date** _____

Print Name and Relationship if not veteran _____

Provide alternate address if different from above_____

NOTE: Please anticipate 2 to 3 weeks in receiving your Certificate

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TO BE COMPLETED BY DCVA

____ Approved ____ Pending ____ Disapproved

Name _____ **Date** _____

Title _____

DCVA FORM 20-01-95-04-01