For office locations, please go to www.azdvs.gov or call 602-255-3373

Name Military Member/Dependent: First Middle Last Jr., Sr.

Mailing Address: Number, Street, City, State, & Zip Code:

Date of Birth: Month Day Year: Home Phone: Area Code Daytime contact Number: Work Phone:

Branch of Service: Name of Unit Issuing Purple Heart Medal:

Service Number: Date of Discharge: (if applicable) Rank:

The following documents are required to be submitted with this application: *(As Applicable)*

*I.A.W. with ARS 15-1808 (D)*

Please check off each applicable area for application as applies:

Below applies to veterans who are or were a Resident of Arizona and received a Purple Heart and is Rated at least 50%:

- DD 214 covering the time a Purple Heart was awarded
- A copy of the Purple Heart Medal documentation
- Verification of the Arizona Active Duty Assignment or a resident of Arizona during the above Purple Heart Medal
- Verification of at least a 50% disability as determined by the Department of Veterans Affairs

Below applies for dependents of service members killed in the line of duty:

**Circle Relationship to the Deceased Serviceman:**

- Spouse
- Daughter
- Son
- Step-Daughter
- Step-Son
- Casualty Report showing death
- Marriage Certificate
- Birth Certificate of Dependent
- Serviceman’s Death Certificate or Department’s Statement of Killed in Line of Duty

Below applies to Arizona National Guard Service:

All documentation must show status after September 1, 2001 for National Guard Service ONLY:

- Documentation that veteran was discharged due to a disability
- Verification of Arizona National Guard Service
- For Arizona National Guard - A copy of the Purple Heart Medal documentation
- DD 214 covering the time a Purple Heart was awarded

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Verification completed on:

______________ by ____________________________

Date Verifier ADVS 2350