

# OIF/OEF - APPLICATION

## 1. VETERAN'S INFORMATION - PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
DATE ENTERED SERVICE	CITY/TOWN OF ENLISTMENT	BRANCH OF SERVICE	MILITARY DISCHARGE DATE
RANK AT DISCHARGE	DD214 DISCHARGE # (COPY REQUIRED)	DATE OF DEATH (IF APPLICABLE)	
CURRENT ADDRESS, IF LIVING		E-MAIL ADDRESS, IF APPLICABLE	
# OF YEARS AT CURRENT ADDRESS		( ) TELEPHONE #	

PREVIOUS MEDFORD ADDRESSES, IF APPLICABLE	YEARS AT ADDRESS

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## 2. CONTACT INFORMATION:

CONTACT NAME (IF DIFFERENT FROM VETERANS)	RELATIONSHIP TO VETERAN	E-MAIL ADDRESS
CONTACT ADDRESS		CONTACT TELEPHONE #
SIGNATURE		DATE

THE INFORMATION PROVIDED WILL BE THE RESPONSIBILITY OF THE VETERAN OR CONTACT TO SUPPLY, INCLUDING THE **PROPER SPELLING OF THE VETERAN'S NAME**. ADDRESS INFORMATION IS AVAILABLE BY RESEARCHING STREET ADDRESS BOOKS (WARD/PRECINCT BOOKS) WHICH ARE ON FILE AT THE MEDFORD PUBLIC LIBRARY OR CITY CLERKS OFFICE, RM. 103, CITY HALL. THE CITY IS NOT RESPONSIBLE FOR THE RESEARCH, DOCUMENTATION, VERIFICATION OR PROPER SPELLING OF ELIGIBLE NAMES.