

U.S. ARMY HUMAN RESOURCES COMMAND  
AWARDS AND DECORATIONS BRANCH

**Application for Cold War Recognition Certificate**

PRINT THE APPLICATION, SIGN, ATTACH A COPY OF SUPPORTING DOCUMENTS AND MAIL TO THE ADDRESS LISTED BELOW

**Instructions:** Fill out this application and mail with supporting documentation to the U.S Army Human Resources Command, Awards and Decorations Branch with your proof of service.

**Acceptable Documents:** To receive a certificate, you must submit supporting documentation that demonstrates Honorable service. An acceptable supporting document includes any official government or military document that contains the recipient's name, Social Security Number or Military Service Number or Foreign Service Number, and a date showing at least one day of service during the Cold War era (September 2, 1945 to December 26, 1991). Example: DD Form 214 (Report of Separation).

**DO NOT SEND ORIGINAL DOCUMENTS**

You must certify your honorable service by signing and dating the application and returning it with a copy of supporting documents to:

USAHRC  
Cold War Recognition Program  
Attn: AHRC-PDP-A, Dept 480  
1600 Spearhead Division Avenue  
Fort Knox, KY 40122-5408

Awardee Name (First, MI, Last): \_\_\_\_\_

Or

Requestor's Name (If it is not the Awardee): \_\_\_\_\_

Military Service Number or SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Awardee or Requestor Email Address: \_\_\_\_\_

Awardee or Requestor Phone Number: \_\_\_\_\_

I confirm my (or the recipient's) faithful and honorable service to the nation during the Cold War Era.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; Public Law 105-85, Fiscal Year 98, National Defense Authorization Act; and Executive Order 9397.

**PRINCIPAL PURPOSE:** To secure sufficient information from the individual so to determine eligibility and to process the individuals' requests for the Cold War Recognition Certificate.

**ROUTINE USES:** Information is used for official purposes within the Department of Defense; specifically, to process requests for Cold War Certificates. This information may be used in accordance with established Routine Uses for all Department of Defense and Department of the Army system notices.

**DISCLOSURE:** Disclosure 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 certificate.

**PRIVACY ACT RELEASE:** If the Awardee is deceased or unable to sign the application, then the forms that follow this statement are to be used to verify that the Requestor has the legal authority to request the Cold War Recognition Certificate on behalf of the Awardee. Please be sure to enclose official documentation verifying the next of kin relationship between the Awardee and Requestor.

**U.S. Army Awards and Decorations Branch Privacy Release Statement**

Deceased Service Member's Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Military ID #: \_\_\_\_\_

Unit Designation: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

The regulatory policy governing the military awards program is very explicit with regard to designating next-of-kin eligibility for issuance of awards and decorations. Posthumous awards can only be issued to the service member's **Primary Next-of-kin** starting sequentially with the surviving (but not remarried) spouse, eldest child, father or mother, eldest brother or sister, or eldest grandchild.

I certify that I am the Primary Next-of-kin of the above-named service member and that I am his/her:

*(please select one)* spouse, eldest child, parent, eldest sibling, eldest grandchild

Furthermore, in accordance with the requirements of the Privacy Act of 1974, which prohibits the use and dissemination of personal information by federal executive branch agencies without written consent, I authorize the U.S. Army Awards and Decorations Branch to send personal information regarding the above-named service member, to the following individual: \_\_\_\_\_.

Additionally, I *(please select one)* **[do]** // **[do not]** authorize the Awards and Decorations Branch to issue the above-named individual any requested awards or decorations earned by the deceased service member. I understand that the Department of the Army will only issue one (1) gratuitous replacement set of medals and awards earned by a service member, and that all further replacements or duplicates must be purchased from private vendors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Next-of-kin's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Individual Privacy Release Statement

To Whom It May Concern:

In accordance with the requirements of the Privacy Act of 1974, which prohibits the use and dissemination of personal information by federal executive branch agencies without written consent, I authorize

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*(Name of Individual)*

to collect and review my records and any other documentation that is covered by this Act, and if necessary, forward it to the U. S. Army Human Resources Command-Fort Knox, for further review concerning possible authorization of an individual award or decoration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Military ID #: \_\_\_\_\_

*(Optional: For use if another individual or office is making a request on your behalf)*

I further authorize the above-named individual, as well as the U. S. Army Human Resources Command-Fort Knox to provide their response, including any documentation, awards, or other materials, to the following third party:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_