

Military Order of the Purple Heart - Dept of MN

Free Life Membership Application Form

Please enter the following information, print out a copy, sign it, and send it with a copy of the supporting document you indicated below to:

**Military Order of the Purple Heart
Dept of MN
20 - 12th Street West, Rm 134
St. Paul, MN 55155**

Name	<input type="text"/>	Home Phone	<input type="text"/>	
Address	<input type="text"/>	Office Phone	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	
	Zip Code	<input type="text"/>	Fax	<input type="text"/>
Email Address	<input type="text"/>			

Service Army Navy Air Force Marines Coast Guard

War Wounded WWII KOREA VIETNAM GULF WAR OIF/OEF OTHER _____

Military Unit Date of Birth

Date Entered Service Date Departed Service Military Serial Number VA Claim Number

Date Wounded Engagement

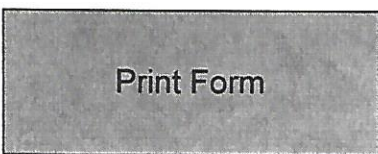
One of the following documents that reflect the award of the Purple Heart must be submitted with the application form:

DD214 DD215 WD AGO53-55 GENERAL ORDERS LETTER OF TRANSMITTAL

Please sign your name on the line above

Today's Date SSN (OPTIONAL)

Next of Kin Relationship



Office Use:
Member # _____
Chapter # _____
Signed up by _____
Chapter # _____

For Help Contact: **Dept of MN MOPH**
651-227-4456
Leave a voice mail
and we will call you back.