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)

LEGAL RESIDENT OF THE STATE OF DELAWARE

To meet the legal residency requirement (in addition to honorable military service) the veteran must have been:

- A legal resident of Delaware when he or she entered the Armed Forces of the United States; or
- A legal resident of Delaware at time of death

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 4 to 6 weeks in receiving your Certificate
****

TO BE COMPLETED BY DCVA

____ Approved ____ Pending ____ Disapproved

Name _____ **Date** _____

Title _____

DCVA FORM 20-01-95-04-01