

MILITARY FRIENDS FOUNDATION "A HERO'S SALUTE" PROGRAM APPLICATION

APPLICANT INFORMATION (Next-of-Kin or Family Representative):

First Name: _____ Middle Initial: _____ Last Name: _____
DOB (mm/dd/yyyy): ____/____/____ Social Security Number: ____-____-____
Street Address: _____ City: _____ State: _____ Zip-code: _____
Home Phone: ____-____-____ Cell Phone: ____-____-____ Email: _____@_____
Relationship to Service member: _____

SERVICE MEMBER INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____
DOB (mm/dd/yyyy): ____/____/____ DOD (mm/dd/yyyy): ____/____/____ Social Security Number: ____-____-____
Service member's Home of Record (city/town, state): _____
 National Guard or Reserve or Full-time Military (check one)
Rank: _____ Branch of Service: _____ Years of Service: _____
Name of Unit: _____ Country of Death: _____

FAMILY INFORMATION:

Name of Next-of-Kin (if different from applicant): _____
Address of Next-of-Kin: _____
Name of Casualty Assistance Officer assigned to your family (optional): _____ CAO Phone Number (optional): _____
May we contact the CAO if needed? Yes or No

What financial hardships can we assist your family with in the coming days? We encourage you to contact us at (617) 733-7994 to discuss your family's needs directly and to expedite assistance.

Please let us know if your family would like the Military Friends Foundation to provide and distribute handheld United States flags at a funeral procession or memorial service to recognize the service and sacrifice of your loved one.

Name of applicant (Print): _____ Signature: _____ Date (mm/dd/yyyy): ____/____/____

