



Application for the Issue of Medals and/or Clasps

Office use only

Name	Date of acknowledgement
Application number	Bar code number

- Please use BLOCK LETTERS only
- Note: If medals have already been issued, and the recipient is now deceased, the medals **cannot** be reissued.
- Attach a separate piece of paper to this application if you require more space to answer any of the questions.

Personal details

Family name	Given names (<i>In full</i>)		
Family name served under (<i>If diferent from above</i>)	Given names served under (<i>If diferent from above</i>)	Date of birth	

Contact details

Address	State	Post code
Email	Telephone number(s)	

Service details

Service or PMKeyS number (<i>If known</i>)
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Type of service (*Tick all that apply*)

- Navy Army RAAF National service Merchant Navy Qantas

Date of enlistment	Date of discharge	Branch of service	Permanent or reserve

Commission date (<i>If applicable</i>)
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Do you have overseas service?

- Yes No



If 'Yes', please specify in which country and give the approximate dates.

Country	From	To

Awards details

Awards requested (*If known*) and any other information in support of the application

Privacy note

The Department of Defence complies with the Information Privacy Principles of the [Privacy Act \(1988\)](#) in the collection, storage, handling, use and disclosure of personal information.

This information is being collected for the purpose of assessing your application for a medal or award. Medals and awards are conferred in accordance with executive instruments of the Crown.

Authorisation and declaration

I authorise Australian Government departments, agencies and other organisations and individuals to disclose to the Department of Defence any personal information required to process this application.

I acknowledge that the Department of Defence may disclose this personal information to the office of the Governor-General for approval of the awards and/or to the offices of Federal Members of Parliament for the presentation of awards.

I authorise the Department of Defence to obtain information about the acceptance of liability for an injury, illness or disease from the Department of Veterans' Affairs under the [Veterans' Entitlement Act \(1986\)](#), the [Safety, Rehabilitation and Compensation Act \(1988\)](#) and the [Military Rehabilitation and Compensation Act \(2004\)](#).

I declare that the information I have given on this form is correct.

I understand that there are penalties for deliberately giving false or misleading information.

Signature	Printed name	Date
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Return this application to:

Directorate of Honours and Awards
Department of Defence
PO Box 7952
CANBERRA BC ACT 2610