



STATE OF CONNECTICUT  
DEPARTMENT OF VETERANS AFFAIRS  
287 West Street  
Rocky Hill, CT 06067



**INSTRUCTIONS**  
**CONNECTICUT VETERANS WARTIME SERVICE MEDAL/SERVICEMEMBER  
AND VETERAN REGISTRY APPLICATION**

Use this form to (1) apply for the Connecticut Veterans Wartime Service Medal and/or (2) enroll in the Connecticut Servicemember and Veteran Registry.

**CONNECTICUT VETERANS WARTIME SERVICE MEDAL**

**PURPOSE:** All Connecticut veterans with qualifying wartime military service are eligible to receive the Connecticut Veterans Wartime Service Medal.

**ELIGIBILITY:** In order to receive the Connecticut Veterans Medal, the veteran must meet all of the following requirements and submit documentation of the same:

- 1. Qualifying military wartime service:**(a) 90 days wartime service, excluding periods of active duty for training, or unless the war or operation lasted less than 90 days; or (b) for reserve components of the armed forces (including the National Guard) service during a period of war and honorably discharged from active duty or honorably discharged from a reserve component.
- 2. Characterization of discharge:** Honorable or under Honorable conditions (or discharge due to injuries received in the line of duty) for the qualifying wartime service.
- 3. Connecticut Residency:** Must be a current resident of Connecticut or a resident of Connecticut at the time of qualifying wartime service.

**DOCUMENTATION:**

1. Completed and signed application form (CTMD VM-1)
2. Proof of service during a period of war (i.e. DD Form 214 or other documentation if DD-214 is unavailable)
3. Proof of current residency in the State of Connecticut or proof of residency during time of qualifying service (e.g., photocopy of State of Connecticut driver's license).

**CONNECTICUT SERVICEMEMBER AND VETERAN REGISTRY**

**PURPOSE:** The purpose of the Connecticut Service member and Veteran Registry is to create a contact list to facilitate notification of service members and veterans as to military and veteran benefits and other useful information. The contact list contains only the names and mailing addresses of service members and veterans who reside in this state. The registry will be compiled using information contained in the Department of Veterans Affairs records and information submitted by (1) the Military Department, (2) the assessor of each town and (3) service members or veterans using this application. Information contained in the registry is not subject to public disclosure.

All Connecticut service members and veterans are eligible to enroll in the Connecticut Service member and Veteran Registry. Connecticut service members and veterans who do not qualify for the Connecticut Wartime Veteran Service Medal may use this application for the sole purpose of enrolling in the Connecticut Service member and Veteran Registry. Applicants must provide proof of service (discharge documentation for veterans or a copy of military identification card for currently serving members).

**SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:**

**Department of Veterans Affairs**  
**ATTN: Wartime Medal and Registry**  
287 West Street  
Rocky Hill, CT 06067  
Fax: 860-616-3562

Veterans Info Line  
1-866-9CT-VETS  
(1-866-928-8387)

**CONNECTICUT VETERANS WARTIME SERVICE MEDAL  
AND/OR CONNECTICUT SERVICEMEMBERS AND VETERANS REGISTRY APPLICATION**

<b>1. SERVICE MEMBER'S PERSONAL INFORMATION</b> (All Applicants Must Complete This Section)				
Last Name		First Name		Middle Initial
Mailing Address		Street Address (if different from mailing address)		
City		State	Zip-Code	
Primary Phone Number		Secondary Phone Number		E-Mail
Military Rank & Grade	Branch of Service (includes Reserve Components)		Characterization of Discharge	
	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Honorable	
	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Medical	
		<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Other: _____	
<b>2. Dates of Service:</b> (All Applicants Must Complete This Section)				
From:		To:		
<b>3. Recognized Periods of War</b> (Only Wartime Service Medal Applicants Must Complete This Section)				
<input type="checkbox"/> World War I (April 6, 1917 – November 11, 1918) <input type="checkbox"/> World War II (December 7, 1941 – December 31, 1946) <input type="checkbox"/> Korean Conflict (June 27, 1950 – January 31, 1955) <input type="checkbox"/> Vietnam (February 28, 1961 – July 1, 1975) <input type="checkbox"/> Persian Gulf Era (August 2, 1990 – a date to be determined by Presidential proclamation or federal law – Operations Desert Storm, Desert Shield, Enduring Freedom (Afghanistan), Iraqi Freedom, and New Dawn (Iraq) are included in this category)				
<b>OR</b> , Military Actions that qualify for medal eligibility <u>IF</u> a veteran engaged in combat or served in a documented direct combat support role in:				
<input type="checkbox"/> Lebanon (July 1, 1958 – Nov. 29, 1958)		<input type="checkbox"/> Lebanon (Sept 29, 1982 – March 30, 1984)		
<input type="checkbox"/> Grenada (Oct. 25, 1983 – Dec. 15, 1983)		<input type="checkbox"/> Operation Ernest Will -- escorting of Kuwaiti Oil Tankers in the Persian Gulf (February 1, 1987 – August 1, 1990)		
<input type="checkbox"/> Panama (December 20, 1989 – January 31, 1990)				
<b>4. INFORMATION VERIFICATION, ACCESS &amp; RELEASE AUTHORIZATION</b> (All Applicants Must Complete This Section)				
<b>STATEMENT OF CONFIDENTIALITY</b> - This application, required supporting documentation and access to your military records are the primary means of determining your eligibility to be awarded the Connecticut Veterans Medal. Disclosure of the requested information is voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility based on the lack of sufficient information. Unverified eligibility will result in the denial and return of this application. By submitting this form, I understand that Department of Veterans' Affairs will enroll me in the Connecticut Veterans Registry so I may be contacted with important information about veteran benefits and services. I attest that the information provided on this application is true and correct to the best of my knowledge.				
_____			_____	
SIGNATURE OF APPLICANT			DATE SIGNED	
<b>5. ELIGIBILITY (TO BE COMPLETED BY CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS)</b>				
APPROVED <input type="checkbox"/>				
_____			_____	
SIGNATURE OF CT DVA VERIFICATION OFFICER			DATE	
REJECTED <input type="checkbox"/>				
Reason for Ineligibility				
<input type="checkbox"/> Lack of documentation – Could not verify eligibility				
<input type="checkbox"/> Did not have qualifying military service				
<input type="checkbox"/> Veteran was not honorably discharged or discharged for injuries sustained in the line of duty				
<b><i>ALL APPLICANTS MUST SUBMIT DOCUMENTATION WITH THIS APPLICATION TO VERIFY MILITARY SERVICE AND STATE RESIDENCY</i></b>				