

RECOMMENDATION FOR THE MASSACHUSETTS MEDAL OF LIBERTY

For the award process see MGL Ch 33, Section 67A. The proponent agency is the Military Division.

PART I - NEXT OF KIN

1. Name (Last, First, Middle initial):	2. Relationship to Service Member:
3. Address (City, State, Zip Code):	4. Contact Phone Numbers: Primary () _____ Alternate () _____

PART II - SERVICE MEMBER'S DATA AT TIME OF DEATH

5. Name (Last, First, Middle Initial):	6. Rank (If known):	7. SSN and/or Service Number (If known):
8. Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Merchant Marine <input type="checkbox"/> Other _____	9. Component (If known): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	10. Organization or Unit (If known):
11. Periods of Service (If known): a. From: _____ b. To: _____	12. War or Conflict (e.g., Vietnam):	13. Date of Death:

14. The Medal of Liberty is presented at an Official Award Ceremony. Would you like to receive the award at the ceremony?

Yes, I can be contacted at the phone number in Block 4. (above) concerning ceremony details.

No, below is the mailing address the medal set is to be delivered to, if different than Block 3. (above).
Address (City, State, Zip Code): _____

I am aware that the Massachusetts Medal of Liberty is awarded to the Next of Kin of Service men and women from the Commonwealth of Massachusetts who have been killed in action or who have died of wounds received in action. The information I have provided is true and accurate to the best of my knowledge.

15. Printed Name (Last, First, MI)	16. Signature	17. Date
------------------------------------	---------------	----------

PART III - VERIFICATION FOR OFFICIAL USE ONLY

DD 214 <input type="checkbox"/>	DD Form 1300 <input type="checkbox"/>	Deployment Orders <input type="checkbox"/>	NGB 22 <input type="checkbox"/>
List other _____	Remarks _____		
Name of Verifier <i>(Last name, First name, MI., Rank)</i>	Signature	Date Verified	