

ᏊᏍᏔᏁ ᏅᏍᏓ  
CHEROKEE NATION®



©2009 Cherokee Nation.

DATE RECEIVED: \_\_\_\_\_

STAFF USE ONLY

## **Cherokee Warrior**

### **Medal of Patriotism Award Application**

The Cherokee Nation recognizes Cherokee Veterans at the Tribal Council Meetings/At Large meetings for their sacrifices and achievements for what you and your comrades have given to us, please consider this a small token of appreciation from all of us at the Cherokee Nation. For further information, please contact us at (918) 772-4166.

**All document's listed below must be attached with this application or application will not be complete.**

- Copy of the DD-214 Document (or other related documents showing proof of military status- 2 paragraphs and list Medals)**
- Copy of Cherokee Citizenship Card (Cherokee Nation Photo I.D.)**
- Bio of your Military Service (brief description of your military service)**

**PLEASE PRINT**

Name (full name): \_\_\_\_\_

(Please list your First, Full Middle Name & Last Name as is appears on your driver's license or government ID)

GENDER:  M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cherokee Citizen  YES  NO

What Community/District are you from:

\_\_\_\_\_

SERVICE HISTORY: (BRANCH OF SERVICE): \_\_\_\_\_

Birth place: \_\_\_\_\_

Activity during which War and list if the Veteran was wounded:

\_\_\_\_\_

Military Rank: \_\_\_\_\_ Enlistment Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Did you serve during War-Time  YES  NO

Additional Comments or Information: \_\_\_\_\_

\_\_\_\_\_

Spouse's Name:

\_\_\_\_\_

ALTERNATE CONTACT NAME (Son, Daughter,

ETC): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Do you use mobility equipment?  YES  NO

If YES, please check which device:

CANE  WALKER  WHEELCHAIR  SCOOTER

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment may be used to memorialize and document the Cherokee Warrior Medal of Patriotism Award, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Cherokee Warrior Medal of Patriotism Award program. I hereby release the photographer and the Cherokee Warrior Medal of Patriotism Award program from all claims and liability relating to said photographs. I hereby give permission for my images captured during the Cherokee Warrior Medal of Patriotism Award activities through video, photo, or other media, to be used solely for the purposes of the Cherokee Warrior Medal of Patriotism Award promotional material and publications, and waive any rights or compensation or ownership thereto.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to: Cherokee Nation  
Cherokee Warrior Medal of Patriotism Award Program  
Attn: Veterans Service Center  
P.O. Box 948  
Tahlequah, OK. 74465-0948  
Or Fax Application to: (918) 458-6132