REQUEST TO PURCHASE NORTH DAKOTA COMMEMORATIVE MEMORIAL COIN

NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

SFN 61442 (09-2018)

Please print clearly or type

VETERAN'S IDENTIFYING INFORMATION

Note: If the veteran's name has changed since the separation document was issued, provide name as shown on separation document.

Veteran's Name (Last, First Middle)			
Date of Birth	Date of Death	Date of Entry *(if known)*	Date of Separation *(if known)*
Branch			

PERSON REQUESTING COMMEMORATIVE MEMORIAL COIN

Note: The coin(s) will be mailed to this address.

Name (Last, First Middle)		Relationship to Deceased Veteran	
Address			
City		State	ZIP Code
Telephone Number	Fax Number	Email Address	

I certify the above Deceased qualifies as a veteran, was at one time a resident of North Dakota and that I qualify as a family member in accordance to ND Century Code 37-18-15. Information provided on this form is true and accurate to the best of my knowledge.

SIGNATURE

Applicant Signature	Date

Number of Coins	Fee $10.00	Total Payment

Return form with payment to: *(check only-do not send cash)*

ND Department of Veterans Affairs
4201 38th St SW, Suite 104
Fargo ND 58104-7535