

Application for the Memorial Ribbon Commemorating Deceased Members of the Canadian Forces Initial Issue Only

For administrative purposes (DO NOT FILL IN)

Section 1 - Applicant information *(All information MUST be completed. Ensure correct spelling of names, including accents, spaces between letters, lower case letters, etc.)*

Note: In cases where there is no executor of the estate or the executor has passed away, the next authorized family member is determined in the following order of preference: spouse or common-law partner; eldest surviving child; father and mother; or eldest surviving sibling. Others may apply and applications will be considered on a case-by-case basis.

<input type="checkbox"/> Executor of estate <input type="checkbox"/> Spouse / Common-law partner <input type="checkbox"/> Eldest surviving child <input type="checkbox"/> Eldest surviving sibling			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Specify): _____			
Title <i>(if applicable)</i>	Last name	Given name(s)	
Relationship to deceased			
Address			
City	Province	Country	Postal code
Telephone	Alternate telephone		Email

Section 2a - Military member (Deceased Canadian Forces) information *(All information MUST be completed. Ensure correct spelling of names, including accents, spaces between letters, lower case letters, etc.)*

Last name	Given name(s)
Date of birth <i>(dd/mm/yyyy)</i>	Date of death <i>(dd/mm/yyyy)</i>
Does this name appear in the 7th Book of Remembrance?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	The 7 th Book of Remembrance can be consulted on line at: http://www.veterans.gc.ca/eng/collections/books/search

Initial Issue Application (Memorial Ribbon)

Section 2b - Military service information *(All information MUST be completed)*

Service (Regimental) number	
Note: Do not insert Social Insurance Number (SIN). The collection of the SIN is not authorized under the <i>Canada Pension Plan (CPP) Act</i>. INSERT only alpha-numeric Service number. If you are not in possession of either a Regimental number (pre-1967) or a current CF Service number (X11 111 111) LEAVE THIS FIELD BLANK. The Department of National Defence will contact you if further information is required in order to ascertain eligibility.	
Enrolment date (dd/mm/yyyy)	Release date (dd/mm/yyyy)
Rank upon retirement	
Environment (Navy, Army or Air Force)	
Name at time of service (if legally changed after release)	

Section 3a - Memorial Ribbon selection information *(Please indicate the number of ribbon(s) for which you are applying)*

Quantity (maximum 5)	<input type="checkbox"/> 1x	<input type="checkbox"/> 2x	<input type="checkbox"/> 3x	<input type="checkbox"/> 4x	<input type="checkbox"/> 5x
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Section 3b - Recipient information *(All information MUST be completed)*

The following individuals are to receive the Memorial Ribbon as determined by the executor or legal beneficiary. Note that those who have received the Memorial Cross may not receive the Memorial Ribbon.

1			
Title (if applicable)	Last name	Given name(s)	
Relationship to deceased	Memorial Cross recipient?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth (dd/mm/yyyy)
Province of residence	Country of residence		

2			
Title (if applicable)	Last name	Given name(s)	
Relationship to deceased	Memorial Cross recipient?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth (dd/mm/yyyy)
Province of residence	Country of residence		

3			
Title (if applicable)	Last name	Given name(s)	
Relationship to deceased	Memorial Cross recipient?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth (dd/mm/yyyy)
Province of residence	Country of residence		

4			
Title (if applicable)	Last name	Given name(s)	
Relationship to deceased	Memorial Cross recipient?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth (dd/mm/yyyy)	
Province of residence		Country of residence	

5			
Title (if applicable)	Last name	Given name(s)	
Relationship to deceased	Memorial Cross recipient?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth (dd/mm/yyyy)	
Province of residence		Country of residence	

Section 4a - Delivery information (All information MUST be completed. Ensure correct spelling of names, including accents, spaces between letters, lower case letters, etc.)

Note: If the application is eligible for recognition, it is possible to have the ribbon(s) sent to a sponsor for presentation. Check the appropriate box and fill in the information.

<input type="checkbox"/> I want the ribbon(s) sent by mail directly to the address provided in Section 1.
OR
<input type="checkbox"/> I have contacted a sponsor (as listed below) and this person or organization has agreed to present the ribbon(s).

Section 4b - Sponsor contact information - To be completed if presentation sponsored

Sponsor organization (name)			
Title (if applicable)	Sponsor last name	Sponsor first name	
Address (ship to)			
City	Province	Country	Postal code
Telephone	Alternate telephone	Email (optional)	

Section 5 - Declaration

This application is being submitted in good faith and I declare the information provided above to be true and correct and that to the best of my knowledge no other family member has applied.

_____ Name of applicant (please print)	_____ Signature (applicant)
_____ Signed at (place)	_____ Date (dd/mm/yyyy)

Submission

Please keep a copy for your records. **Return original completed form** along with copies of any **supporting documentation** to:

Directorate of Honours and Recognition
National Defence Headquarters
101 Colonel By Drive
Ottawa ON K1A 0K2

To protect your privacy and security DO NOT FAX OR E-MAIL any application forms or supporting documentation.

Applications are normally processed on a first come first serve basis. If you need help filling this form or clarification on eligibility, call **1-855-433-2976** (Toll free).