



# Application for the Posthumous Issue of Medals and/or Clasps

**Office use only**

Name	Date of acknowledgement
Application number	Bar code number

- Please use BLOCK LETTERS only
- Note: If medals have already been issued, the medals **cannot** be reissued.

**Your contact details**

Family name		Given name(s)	
Title ( <i>Mr, Mrs, Ms</i> )	Relationship to member		
Address		State	Post code
Email		Telephone number(s)	

**Deceased member's details**

Family name		Given name(s) ( <i>In full</i> )	
Family name served under ( <i>If different from above</i> )		Given name(s) served under ( <i>If different from above</i> )	
Rank ( <i>If known</i> )	Service or PMKeyS number ( <i>If known</i> )	Date of birth	

**Type of service** (*Tick all that apply*)

Navy     Army     RAAF     National service     Merchant Navy     Qantas

**Awards details**

Awards requested (*If known*) and any other information in support of the application

- Please sign the declaration on page 2

**Privacy note**

The Department of Defence complies with the Information Privacy Principles of the [Privacy Act \(1988\)](#) in the collection, storage, handling, use and disclosure of personal information.

This information is being collected for the purpose of assessing your application for a medal or award. Medals and awards are conferred in accordance with executive instruments of the Crown.

**Authorisation and declaration**

I authorise Australian Government departments, agencies and other organisation and individuals to disclose to the Department of Defence any personal information required to process this application.

I acknowledge that the Department of Defence may disclose this personal information to the office of the Governor-General for approval of the awards and/or to the offices of Federal Members of Parliament for the presentation of awards.

I authorise the Department of Defence to obtain information about the acceptance of liability for an injury, illness or disease from the Department of Veterans' Affairs under the [Veterans' Entitlement Act \(1986\)](#), the [Safety, Rehabilitation and Compensation Act \(1988\)](#) and the [Military Rehabilitation and Compensation Act \(2004\)](#).

I declare that the information I have given on this form is correct.

I understand that there are penalties for deliberately giving false or misleading information.

Signature	Printed name	Date
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**Return this application to:**

Directorate of Honours and Awards  
Department of Defence  
PO Box 7952  
CANBERRA BC ACT 2610