

U.S. ARMY HUMAN RESOURCES COMMAND  
AWARDS AND DECORATIONS BRANCH

**Application for Republic of Korea – Korean War Service Medal**

PRINT THE APPLICATION, SIGN, ATTACH A COPY OF SUPPORTING DOCUMENTS AND MAIL TO THE ADDRESS LISTED BELOW

**Instructions:** Fill out this application and mail with supporting documentation to the U.S Army Human Resources Command, Awards and Decorations Branch with your proof of service.

**Background:** The Republic of Korea – Korea War Service Medal (ROK-KWSM) was originally offered to the Armed Forces of the United States by the Ministry of Defense, Republic of Korea, on 15 November 1951. On 20 August 1999, the Assistant Secretary of Defense approved the acceptance and wear of the medal for veterans of the Korea War. Effective 1 January 2006, the U.S. Army became the executive agency to issue the ROK-KWSM to eligible U.S. Army veterans or their primary next of kin.

To qualify for the medal, the veteran must have served between the outbreak of hostilities, 25 June 1950, and the date the armistice was signed, 27 July 1953; been on permanent assignment or on temporary duty for 30 consecutive days or 60 non-consecutive days; and performed his/her duty within the territorial limits of Korea, in the waters immediately adjacent or in aerial flight over Korea participating in actual combat operations or in support of combat operations.

**Acceptable Documents:** To receive the Republic of Korea – Korean War Service Medal for U.S. Army veterans, a copy of the veteran's DD Form 214 (Report of Separation) and/or other relevant documentation substantiating service in Korea during the qualifying period of service.

**DO NOT SEND ORIGINAL DOCUMENTS**

You must certify your honorable service by signing and dating the application and returning it with a copy of supporting documents to:

US Army Human Resources Command  
Awards and Decorations Branch  
ATTN: ROK – KWSM Program  
1600 Spearhead Division Avenue  
Department 480  
Fort Knox, Kentucky 40122-5408

Military Service Number: \_\_\_\_\_

Awardee Name (First, MI, Last): \_\_\_\_\_

Requestor's Name (If it is not the Awardee): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Awardee or Requestor Phone Number: \_\_\_\_\_

Awardee and/or Requestor email address: \_\_\_\_\_

**I confirm my (or the Awardee's) faithful and honorable service during the Korean War (25 June 1950 to 27 July 1953).**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement is listed on page 2. Veteran of Next of Kin needs to sign appropriate release on page 3 or 4 and send in with the request.**

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; Public Law 105-85, Fiscal Year 98, National Defense Authorization Act; and Executive Order 9397.

**PRINCIPAL PURPOSE:** To secure sufficient information from the individual so to determine eligibility and to process the individuals' requests for the Republic of Korea-Korean War Service Medal.

**ROUTINE USES:** Information is used for official purposes within the Department of Defense; specifically, to process requests for Republic of Korea-Korean War Service Medal. This information may be used in accordance with established Routine Uses for all Department of Defense and Department of the Army system notices.

**DISCLOSURE:** Disclosure of personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, and may prevent the agency from determining eligibility of the requester for the Republic of Korea-Korean War Service Medal.

**PRIVACY ACT RELEASE:** If the Awardee is deceased or unable to sign the application, then the forms that follow this statement are to be used to verify that the Requestor has the legal authority to request the Republic of Korea-Korean War Service medal on behalf of the Awardee. Please be sure to enclose official documentation verifying the next of kin relationship between the Awardee and Requestor.

**U.S. Army Awards and Decorations Branch Privacy Release Statement**

Deceased Service Member's Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Military ID #: \_\_\_\_\_

Unit Designation: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

The regulatory policy governing the military awards program is very explicit with regard to designating next-of-kin eligibility for issuance of awards and decorations. Posthumous awards can only be issued to the service member's **Primary Next-of-kin** starting sequentially with the surviving (but not remarried) spouse, eldest child, father or mother, eldest brother or sister, or eldest grandchild.

I certify that I am the Primary Next-of-kin of the above-named service member and that I am his/her:

*(please select one)* spouse, eldest child, parent, eldest sibling, eldest grandchild

Furthermore, in accordance with the requirements of the Privacy Act of 1974, which prohibits the use and dissemination of personal information by federal executive branch agencies without written consent, I authorize the U.S. Army Awards and Decorations Branch to send personal information regarding the above-named service member, to the following individual: \_\_\_\_\_.

Additionally, I *(please select one)* **[do]** // **[do not]** authorize the Awards and Decorations Branch to issue the above-named individual any requested awards or decorations earned by the deceased service member. I understand that the Department of the Army will only issue one (1) gratuitous replacement set of medals and awards earned by a service member, and that all further replacements or duplicates must be purchased from private vendors.

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

Primary Next-of-kin's Name: \_\_\_\_\_

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

City: \_\_\_\_\_, State \_\_\_\_\_, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Individual Privacy Release Statement

To Whom It May Concern:

In accordance with the requirements of the Privacy Act of 1974, which prohibits the use and dissemination of personal information by federal executive branch agencies without written consent, I authorize

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*(Name of Individual)*

to collect and review my records and any other documentation that is covered by this Act, and if necessary, forward it to the U. S. Army Human Resources Command-Fort Knox, for further review concerning possible authorization of an individual award or decoration.

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

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

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Military ID #: \_\_\_\_\_

*(Optional: For use if another individual or office is making a request on your behalf)*

I further authorize the above-named individual, as well as the U. S. Army Human Resources Command-Fort Knox to provide their response, including any documentation, awards, or other materials, to the following third party:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_