

Basic Information Required for Submission of a Retroactive Award Recommendation

1. DA Form 638 (Recommendation for Award)

a. Comprehensive instructions on completing a DA Form 638, can be found in Army Regulation 600-8-22 (Military Awards), Chapter 3, Section III, and Table 3-6. A digital copy of AR 600-8-22, can be found at: http://www.apd.army.mil/pdf/files/r600_8_22.pdf.

b. Blank DA Form(s) 638, can be found at:
<http://www.apd.army.mil/pub/eforms/pdf/a638.pdf>.

c. A DA Form 638 with basic instructions is attached for reference purposes.

2. Achievements / Narrative and Citation

a. A recommendation for award of the Meritorious Service Medal and below will contain the achievements and proposed citation in Part III of the DA Form 638.

b. A recommendation for award of the Bronze Star Medal and higher require a separate award narrative and proposed citation. Block 20 (Achievements) and 21 (Proposed Citation) of the DA Form 638, should read "See Attached".

3. Chain of Command Endorsements

a. Chain of command endorsements or proof of the chain's inability to endorse the recommendation are required in Blocks 23 through 25, and 25-A1 through 25-A5 as needed.

(1) If a former commander is deceased his or her date of death should be listed in the Comments section (i) of the appropriate intermediate authority block and documentary evidence to support this information should be provided.

(2) If a former commander cannot be located, documentary evidence of the efforts to contact him or her must be provided. Simply stating that you have not been able to contact him or her is not sufficient.

b. Endorsements should begin with the company (or equivalent) commander and proceed through the appropriate approval authority. Platoon and squad leaders are not commanders; their endorsements are not required.

(1) Peacetime award approval authorities are in AR 600-8-22, Table 3-3.

(2) Wartime award approval authorities are in AR 600-8-22, Table 3-5.

c. Block 26 and the entirety of Part V (Orders Data) must be left blank.

Basic Information Required for Submission of a Retroactive Award Recommendation

4. Supporting documentation

a. Valor or heroism award recommendations, both wartime and peacetime, must contain DA Form 7791, using the eyewitness enclosure of the DA Form 638. If the eyewitness enclosure of the DA Form 638 is not available, eyewitness accounts may be provided in the form of certificates, affidavits, or notarized sworn statements. DA Form 7791 must provide first-hand accounts of the observed act of valor or heroism and should, to the best of the witness' ability, address the following information:

(1) Witness position to Soldier being recommended for award; witness duties, unit, equipment, and additional Soldiers who observed the event.

(2) Describe the unit's mission or task during the event; describe in detail the heroic or valorous action of the Soldier during the event; describe the enemy, to include numbers, equipment, location and type of attack initiated during the event.

b. The valor or heroism award recommendation must also include extracts from official records; sketches; color maps/diagrams; photographs; and so forth, which support and amplify the award narrative.

c. Medal of Honor recommendations must include a complete 15-6 investigation.

5. Referral by a Member of Congress

a. All recommendations placed into official channels outside of two years of the action or period of service must be referred to the Awards and Decorations Branch by a Member of Congress (Medal of Honor, Distinguished Service Cross, and Distinguished Service Medal recommendations must be entered formally into official channels within three years of the act warranting the recommendation). Such recommendations must be in accordance with Title 10, United States Code, Section 1130.

b. The referring Member of Congress does not have to be the Veteran's or Soldier's Senator or Representative.

Specific questions concerning the requirements for retroactive award recommendations may be directed to the U.S. Army Human Resources Command, Awards and Decorations Branch at: 502-613-9126, or usarmy.knox.hrc.mbx.tagd-awards@mail.mil. Written inquiries may be submitted to: U.S. Army Human Resources Command, ATTN: AHRC-PDP-A, 1600 Spearhead Division Avenue, Department 480, Fort Knox, Kentucky 40122-5408.

3–5. Who may recommend

a. The Army does not allow self-recognition (including spouses or other Family members), therefore, a Soldier may not recommend himself or herself for award of a decoration.

b. The recommending official must have first-hand personal knowledge of the event, or have been senior in grade at the time of the action(s) or service, to the individual being recommended for an award. Additionally, the recommending official must have knowledge of all the action(s) or service cited. That is, the recommending official must have either observed the actions or been provided information by an individual who observed the actions.

c. Recommending officials who did not personally witness the action must have been associated, by virtue of their position in the command, with the incident and/or the individual being recommended for the award. If the recommending official is not the commanding officer, the commander, if available, must endorse the recommendation. If it is no longer possible to route the recommendation through the commander (for example, the commander is deceased), a signed statement to the effect must be included. In this case, another officer who has knowledge of the action(s), and who was senior in the chain of command of the individual being recommended during the period for which recognition is desired, may endorse the recommendation.

d. Recommendations for the award of Army decorations to members of another Service branch will be submitted by Army personnel only.

3–6. Peacetime award approval authority

a. Awards for peacetime service are made by the President, the SECDEF, and the SECARMY. When peacetime criteria apply, authority to award decorations is automatically delegated as shown in table 3–3.

b. Approval authorities must be in command or serving as head of a principal HQDA agency. The following also applies:

(1) Authority is extended to include those individuals occupying vacant command positions of approval authorities listed in table 3–3, regardless of grade. For example, a LTC/O–5 assigned on orders as a brigade commander (an authorized COL/O–6 position) is authorized to act on recommendations for award of the ARCOM. This authority may not be delegated to subordinate officials (that is, executive officer, chief of staff, deputy commander, and so forth).

(2) In instances where the incumbent commander is not available to act on recommendations (for example, hospitalization, extended TDY, or leave) the acting commander, regardless of rank, may take final action provided their assumption of command has been officially documented. In such cases, the acting commander will sign documents using the title "Acting Commander." A copy of the assumption of command orders will be filed with the DA Form 638.

(3) Rear detachment commanders are not authorized awards approval authority if the command is deployed forward. In this situation award recommendations will be forwarded to the next higher peacetime command awards approval authority.

c. Commanders can only approve awards for Servicemembers that are assigned or attached to their organizations by appropriate orders or other documentation. When Servicemembers perform duties with a command to which they are not assigned or attached, award recommendations must be submitted to their parent unit/chain of command for approval.

d. All CGs may delegate peacetime awards approval authority, in writing, to their DCGs commensurate with the DCG's rank. DCGs are further defined as an Army officer in the grade of BG/O–7 (including COL/O–6 promotable (P) in a general officer billet) and above.

e. The delegation of military awards approval authority to certain senior civilian leaders is governed by DA Memo 600–8–22 from the AASA.

f. Commanders having authority to approve an award may delegate disapproval authority (to include downgrade) to their immediate subordinate commanders, provided those subordinate commanders have authority to approve the next lower award. This delegation must be in writing and will be accomplished with each change of command. Commanders (ACOMs, ASCCs, DRUs) reporting directly to HRC for awards approval purposes, and officials reporting directly to a principal HQDA agency are delegated disapproval authority for current recommendations for award of the DFC, SM, and AM. Such commanders and HQDA officials may also disapprove service and other achievement award recommendations, provided they have authority to approve the next lower award. This disapproval authority includes awards for non-Army personnel.

g. The CSA (delegated to the Vice CSA) has the authority to approve all recommendations of the DSM.

h. Army general officers with LM approval authority are delegated downgrade authority for DSM recommendations for COL/O–6 and below. Additionally, ACOM commanders have authority to disapprove or downgrade all recommendations of the DSM (to include general officers). This downgrade authority will not be further delegated.

i. An individual who is eligible for a DOD Joint award will not be recommended for an award through their parent Service unless an appropriate DOD Joint award does not exist. Unless otherwise stated, only Servicemembers assigned to a joint duty activity or joint task force headquarters, or performing duties related to joint matters in accordance with 10

RECOMMENDATION FOR AWARD

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapters 57 and 357, Decorations and Awards; 10 U.S.C. 3013, Secretary of the Army; Army Regulation 600-8-22, Military Awards; and E.O. 9397 (SSN), as amended.

PURPOSE(S): To consider individual nominations for awards and/or decorations; record final action; maintain individual award case files.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Information may be disclosed to public and private organizations including news media, which grant or publicize awards or honors.

DISCLOSURE: Disclosure of personally identifiable information is voluntary. However, failure to provide identifying information may delay processing of this application.

1 TO USAHRC, ATTN: AHRC-PDP-A, 1600 Spearhead Division Ave., Dept. 480, Ft. Knox, KY 40122-5408	2 FROM Should contain the name and mailing address of the last endorsing intermediate authority or that of the recommender if all intermediate authorities are deceased	3 DATE (YYYYMMDD) Date the recommender signs the recommendation
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PART I- SOLDIER DATA

4 NAME (Last, First, Middle Initial) Service Member or Veteran's full name	5 RANK At the time of the proposed award	6.SSN Recipient's SSN or service number, if applicable
7. ORGANIZATION Recipients unit of assignment during the period for which he/she is being recommended	8 PREVIOUS AWARDS List all previous individual decorations; service medal, campaign medals badges, and unit awards should not be listed	
9 BRANCH OF SERVICE	10. RECOMMENDED AWARD Specify recommended award	11. PERIOD OF AWARD a FROM _____ b TO _____

12 REASON FOR AWARD			
12a. INDICATE REASON SVC, ACH, Heroism, Valor, ETS, PCS, or RET	12b. INTERIM AWARD IF YES, STATE AWARD GIVEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	12c. POSTHUMOUS YES <input type="checkbox"/> NO <input type="checkbox"/>
			13. PROPOSED PRESENTATION DATE (YYYYMMDD) Regulation suggests submission of a recommendation 90 days prior

PART II - RECOMMENDER DATA

14. NAME (Last, First, Middle Initial) Recommender must have personal, firsthand knowledge	15. ADDRESS Recommender's mailing or official address
16. TITLE/POSITION At the time of the proposed award	17. RANK At the time of the award
18. RELATIONSHIP TO AWARDEE	19. SIGNATURE Must be signed by the recommender

PART III- JUSTIFICATION AND CITATION DATA (Use specific bullet examples of meritorious acts or service)

20. ACHIEVEMENTS

ACHIEVEMENT #1
 Recommendations for the Meritorious Service Medal and below will utilize the achievement blocks to list the justification for the award.

Recommendations for the Bronze Star Medal and above will utilize a separate award narrative. Narratives for award of the Bronze Star Medal through Silver Star are limited to one double-spaced typewritten page in a standard 12 point font. There are no regulatory limits to the length of the narrative for recommendations of the Distinguished Service Medal and higher.

ACHIEVEMENT #2

ACHIEVEMENT #3

ACHIEVEMENT #4

21. PROPOSED CITATION

Recommendations for the Meritorious Service Medal and below will utilize this block for the proposed citation. Proposed citation for the Meritorious Service Medal and below are limited to six lines.

Recommendations for the Bronze Star Medal and above must be submitted with a separate proposed citation. Proposed citation for award of the Bronze Star Medal through Silver Star are limited to nine lines. Proposed citations for award of the Distinguished Service Medal and higher may be up to 19 lines.

NAME (Last, First, Middle Initial) Service Member or Veteran's full name		SSN Service Member of Veteran's SSN or service number, if applicable.	
PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL			
22. I certify that this individual is eligible for an award in accordance with AR 600-8-22; and that the information contained in Part I is correct.		22a. SIGNATURE Signed by the S-1 or the recommender if discharged	22b. DATE (YYYYMMDD) Dated by signer of 22a.
23. INTERMEDIATE AUTHORITY	a. TO Commander, X Battalion	b. FROM Commander, Company X, X Battalion	c. DATE (YYYYMMDD) Dated by intermediate
If living, intermediate authority must check the box of their recommendation. If deceased do not check a box.			
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former Company Commander		h. SIGNATURE If living, intermediate authority must sign.	
i. COMMENTS Block 26 is to be left entirely blank, this block is used by USAHRC.			
24. INTERMEDIATE AUTHORITY	a. TO Commander, X Regiment / Brigade	b. FROM Commander, X Battalion	c. DATE (YYYYMMDD) Dated by intermediate
If living, intermediate authority must check the box of their recommendation. If deceased do not check a box.			
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former Battalion Commander		h. SIGNATURE If living, intermediate authority must sign.	
i. COMMENTS Pertinent comments from the commander or date of death if deceased.			
25. INTERMEDIATE AUTHORITY	a. TO Commander, X Brigade / Division / Corps /etc.	b. FROM Commander X Regiment / Brigade	c. DATE (YYYYMMDD) Dated by intermediate
If living, intermediate authority must check the box of their recommendation. If deceased do not check a box.			
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former Regiment / Brigade Commander		h. SIGNATURE If living, intermediate authority must sign.	
i. COMMENTS Block 26 is to be left entirely blank, this block is used by USAHRC.			
26. APPROVAL AUTHORITY	a. TO Leave Blank	b. FROM Leave Blank	c. DATE (YYYYMMDD) Dated by intermediate
d. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Leave Blank		f. RANK Leave Blank	
g. TITLE/POSITION Leave Blank		h. SIGNATURE Leave Blank	
i. COMMENTS Block 26 is to be left entirely blank, this block is used by USAHRC.			
PART V - ORDERS DATA			
27a. ORDERS ISSUING HQ Leave Blank	27b. PERMANENT ORDER NO. Leave Blank	31. DISTRIBUTION	
28a. NAME OF ORDERS APPROVAL AUTHORITY Leave Blank	28b. RANK Leave Blank		
28c. TITLE/POSITION Leave Blank	29. APPROVED AWARD Leave Blank		
28d. SIGNATURE Leave Blank	30. DATE (YYYYMMDD) Leave Blank		

NAME (Last, First, Middle Initial) Service Member or Veteran's full name		SSN Service Member or Veteran's SSN or service number, if applicable.	
ADDENDUM - INTERMEDIATE AUTHORITY			
25-A1. INTERMEDIATE AUTHORITY	a. TO Commander, X Division / Corps / etc.	b. FROM Commander, X Brigade / Division / Corps / etc.	c. DATE (YYYYMMDD) Dated by intermediate
If living, intermediate authority must check the box of their recommendation. If deceased do not check a box.			
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former X Commander		h. SIGNATURE If living, intermediate authority must sign.	
i. COMMENTS Pertinent comments from the commander or date of death if deceased			
25-A2. INTERMEDIATE AUTHORITY	a. TO Commander, X Corps / etc.	b. FROM Commander, X Division / Corps, etc.	c. DATE (YYYYMMDD) Dated by intermediate
If living, intermediate authority must check the box of their recommendation. If deceased, do not check a box.			
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former X Commander		h. SIGNATURE If living, intermediate authority must sign.	
i. COMMENTS Pertinent comments from the commander or date of death if deceased			
25-A3. INTERMEDIATE AUTHORITY	a. TO USAHRC, ATTN: AHRC-PDP-A or the next higher headquarters as necessary.	b. FROM Commander, X Corps / etc.	c. DATE (YYYYMMDD) Dated by intermediate
If living, intermediate authority must check the box of their recommendation. If deceased, do not check a box.			
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former X Commander		h. SIGNATURE If living, intermediate authority must sign.	
i. COMMENTS Pertinent comments from the commander or date of death if deceased			
25-A4. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
25-A5. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

RECOMMENDATION FOR AWARD

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.

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PURPOSE(S): To consider individual nominations for awards and/or decorations; record final action; maintain individual award case files.

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DISCLOSURE: Disclosure of personally identifiable information is voluntary. However, failure to provide identifying information may delay processing of this application.

1. TO	2. FROM	3. DATE (YYYYMMDD)
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PART I - SOLDIER DATA

4. NAME (Last, First, Middle Initial)	5. RANK	6. SSN
7. ORGANIZATION	8. PREVIOUS AWARDS	
9. BRANCH OF SERVICE	10. RECOMMENDED AWARD	11. PERIOD OF AWARD
		a. FROM
		b. TO
12. REASON FOR AWARD		
12a. INDICATE REASON	12b. INTERIM AWARD <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE AWARD GIVEN	12c. POSTHUMOUS YES <input type="checkbox"/> NO <input type="checkbox"/>
		13. PROPOSED PRESENTATION DATE (YYYYMMDD)

PART II - RECOMMENDER DATA

14. NAME (Last, First, Middle Initial)	15. ADDRESS
16. TITLE/POSITION	17. RANK
18. RELATIONSHIP TO AWARDEE	19. SIGNATURE

PART III - JUSTIFICATION AND CITATION DATA (Use specific bullet examples of meritorious acts or service)

20. ACHIEVEMENTS
ACHIEVEMENT #1
ACHIEVEMENT #2
ACHIEVEMENT #3
ACHIEVEMENT #4
21. PROPOSED CITATION

NAME (Last, First, Middle Initial)	SSN
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PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL

22. I certify that this individual is eligible for an award in accordance with AR 600-8-22; and that the information contained in Part I is correct.	22a. SIGNATURE	22b. DATE (YYYYMMDD)
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23. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: APPROVAL DISAPPROVAL UPGRADE TO: DOWNGRADE TO:

e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS

24. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: APPROVAL DISAPPROVAL UPGRADE TO: DOWNGRADE TO:

e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
-------------------	--------------

i. COMMENTS

25. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: APPROVAL DISAPPROVAL UPGRADE TO: DOWNGRADE TO:

e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS

26. APPROVAL AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. APPROVED DISAPPROVED RECOMMEND UPGRADE TO: DOWNGRADE TO:

e. NAME (Last, First, Middle Initial)	f. RANK
---------------------------------------	---------

g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS

PART V - ORDERS DATA

27a. ORDERS ISSUING HQ	27b. PERMANENT ORDER NO.	31. DISTRIBUTION
28a. NAME OF ORDERS APPROVAL AUTHORITY	28b. RANK	
28c. TITLE/POSITION	29. APPROVED AWARD	
28d. SIGNATURE	30. DATE (YYYYMMDD)	

NAME (Last, First, Middle Initial)	SSN
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ADDENDUM - INTERMEDIATE AUTHORITY

25-A1. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

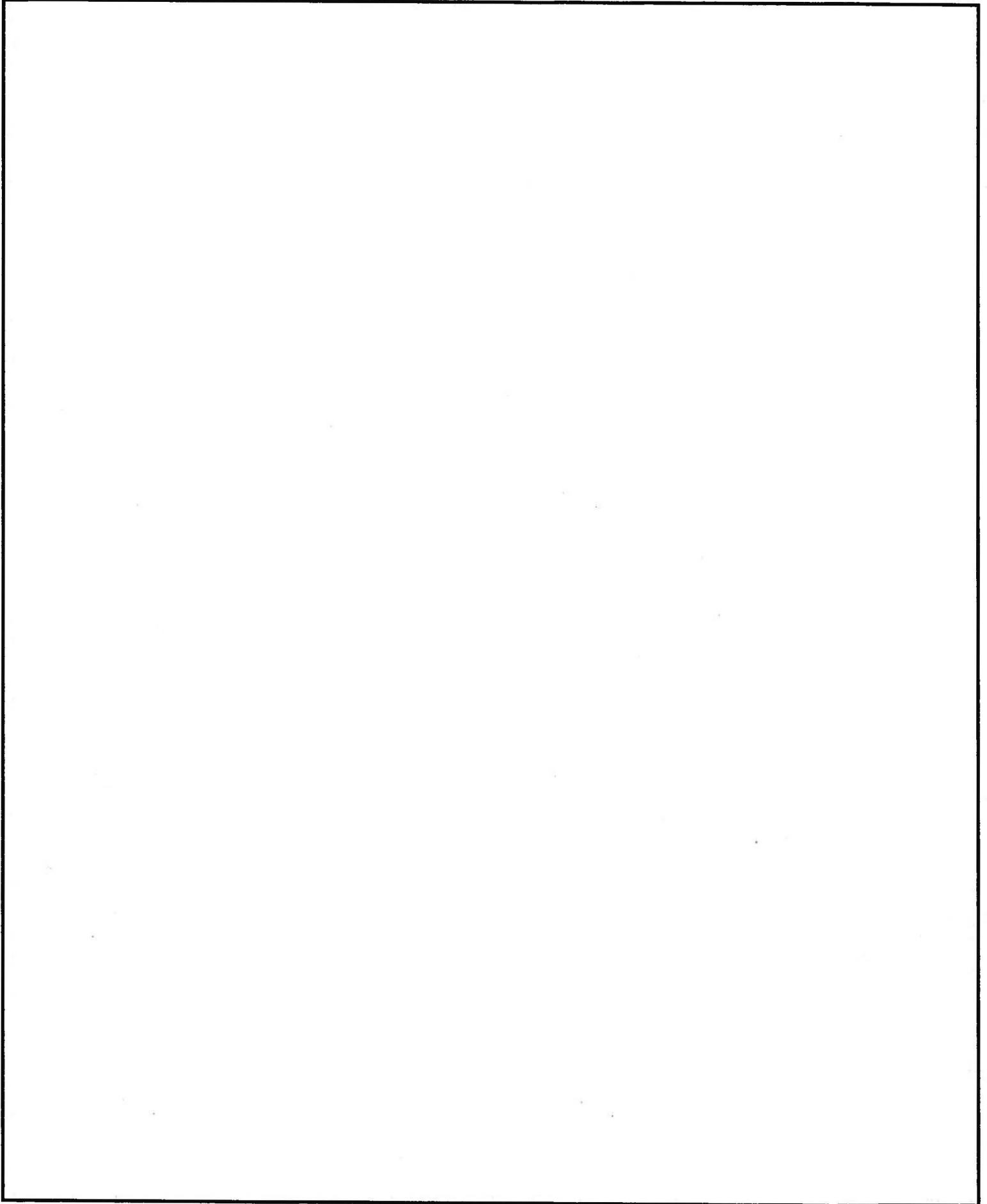
25-A2. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

25-A3. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

25-A4. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

25-A5. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

A large, empty rectangular box with a black border, occupying the majority of the page. This box is intended for the user to write a narrative. The interior of the box is completely blank and white.



Eyewitness Statement (For Award Recommendation)

EYEWITNESS STATEMENT(FOR AWARD RECOMMENDATION)

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301, Title 5, USC Section 2951

PRINCIPAL PURPOSE: To document first-hand eyewitness statements which accurately depict the actions of an individuals being recommended for an award or decoration, particularly for heroism or valor.

ROUTINE USES: The DOD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Disclosure of personally identifiable information is voluntary; however, failure to provide identifying information may delay processing of this application.

1. LAST NAME, FIRST NAME, MIDDLE NAME

2. GRADE/STATUS

3. DATE (YYYY/MM/DD)

4. EMAIL ADDRESS

5. ORGANIZATION OR ADDRESS

6. WHO (PERSON MAKING STATEMENT; POSITION/DUTIES AT THE TIME OF INCIDENT; LOCATION RELATIVE TO INDIVIDUAL BEING RECOMMENDED)

7. WHERE (DESCRIBE WHERE THE EVENT TOOK PLACE TO INCLUDE TERRAIN (COVER AND CONCEALMENT), FIELD OF FIRE

8. WHEN (DATE OF ACTION, DURATION, AND CONDITIONS (DAYLIGHT OR DARK, WEATHER CONDITIONS AT THE TIME)

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATMENT OF _____ TAKEN AT _____ DATE _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED, IF THIS PAGE IS NOT NEEDED, PLEASE FINAL PAGE OF THIS FORM.

STATEMENT OF _____

TAKEN AT _____

DATE _____

9. WHAT (DESCRIBE MISSION/TASK, ENEMY SITUATION, IN DETAIL, DESCRIPTION OF HEROIC OR VALOROUS ACTIONS OF THE SOLDIER DURING THE EVENT)

INITIALS OF PERSON MAKING STATEMENT

PAGE _____ OF _____ PAGES

STATEMENT OF _____

TAKEN AT _____

DATE _____

9. CONTINUATION

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____ I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THIS STATEMENT IS TRUE AND I HAVE READ AND UNDERSTAND THE FALSE OFFICIAL STATEMENT WARNING. I HAVE INITIALED CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT,

(Signature of Person Making Statement)

False official statement cautionary warning; under Article 17, Uniform Code of Military Justice (UCMJ, Art. 107). Any person subject to this chapter who, with intent to deceive, signs any false record or other official document, knowing it to be false, or makes any other false official statement knowing it to be false, shall be punished as a court-martia may direct.

Persons subject to the UCMJ who violate the above prohibition are also subject to punishment under UCMJ, Art. 92, Failure to obey an order or regulation, as well as possible adverse administrative action authorized by the United States Code or Federal prosecutions. Any DA Civilian employees who violates the above prohibitions are subject to disciplinary action or criminal prosecution authorized by the United States Code or Federal regulations.

INITIALS OF PERSON MAKING STATEMENT

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