

Commonwealth of Massachusetts  
Department of Veterans' Services

APPLICATION FOR THE PERSIAN GULF WAR BONUS

Authority:

- Chapter 132 of the Acts of 2009 (Active Duty Personnel)
- 108 CMR 11.00

**This section to be completed by applicant**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Social security number: \_\_\_\_\_ Current rank: \_\_\_\_\_

Recipient of Southwest Asia Service Medal: Yes  No

Dates of service in Persian Gulf

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy mm dd yyyy

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**This section to be completed by applicant's Commanding Officer**

I hereby certify, under the penalties of perjury, that according to the military records in my custody, the information provided above is accurate and true.

\_\_\_\_\_  
Signature of Commanding Officer

\_\_\_\_\_  
Rank of Commanding Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Commanding Officer

\_\_\_\_\_  
Tel. No. of Commanding Officer

\_\_\_\_\_  
Military branch

\_\_\_\_\_  
Military organization