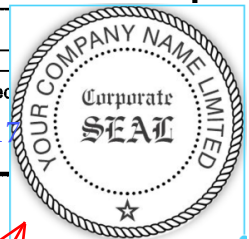


SAMPLE OF COMPLETD AND APPROVED MOL - TAGM form 3367

RECOMMENDATION FOR THE MASSACHUSETTS MEDAL OF LIBERTY <small>For the award process see MGL Ch 33, Section 67A. The proponent agency is the Military Division.</small>			
PART I - NEXT OF KIN			
1. Name (Last, First, Middle initial): <div style="color: blue;">Smith, Jane M.</div>		2. Relationship to Service Member: <div style="color: blue;">Wife</div>	
3. Address (City, State, Zip Code): <div style="color: blue;">120 Green Street, Unknown, NI, 00000</div>		4. Contact Phone Numbers: Primary (<div style="color: blue;">000</div>) <div style="color: blue;">000-000</div> Alternate ()	
PART II - SERVICE MEMBER'S DATA AT TIME OF DEATH			
5. Name (Last, First, Middle Initial): <div style="color: blue;">Smith, John A.</div>		6. Rank (If known): <div style="color: blue;">PFC</div>	7. SSN and/or Service Number (If known): <div style="color: blue;">000-00-0000</div>
8. Branch of Service: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Army <input checked="" type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard</div><div><input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Merchant Marine</div><div><input type="checkbox"/> Other _____</div></div>		9. Component (If known): <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Active</div><div><input type="checkbox"/> Reserve</div><div><input type="checkbox"/> National Guard</div></div>	10. Organization or Unit (If known): <div style="color: blue;">9th Infantry Reg</div>
11. Periods of Service (If known): a. From: <div style="color: blue;">12/1/1950</div> b. To: <div style="color: blue;">7/30/1951</div>		12. War or Conflict (e.g., Vietnam): <div style="color: blue;">Korea</div>	13. Date of Death: <div style="color: blue;">7/30/1951</div>
14. The Medal of Liberty is presented at an Official Award Ceremony. Would you like to receive the award at the ceremony? <input checked="" type="checkbox"/> Yes, I can be contacted at the phone number in Block 4. (above) concerning ceremony details. <input type="checkbox"/> No, below is the mailing address the medal set is to be delivered to, if different than Block 3. (above). Address (City, State, Zip Code): _____			
I am aware that the Massachusetts Medal of Liberty is awarded to the Next of Kin of Service men and women from the Commonwealth of Massachusetts who have been killed in action or who have died of wounds received in action. The information I have provided is true and accurate to the best of my knowledge.			
15. Printed Name (Last, First, MI) <div style="color: blue;">Smith, Jane M.</div>		16. Signature <div style="color: blue; font-family: cursive;">Jane Smith</div>	17. Date <div style="color: blue;">6/24/2017</div>
PART III - VERIFICATION FOR OFFICIAL USE ONLY			
DD 214 <input type="checkbox"/> DD Form 1300 <input checked="" type="checkbox"/> Deployment Orders <input type="checkbox"/> NGB 22 <input type="checkbox"/>			
List other _____		Remarks <input checked="" type="checkbox"/> APPROVED	
Name of Verifier <small>(Last name, First name, MI., Rank)</small> <div style="color: blue;">Brown, Spot R. , BG</div>		Signature <div style="color: blue; font-family: cursive;">Spot Brown</div>	Date Verified <div style="color: blue;">9/1/2017</div>

TAGMA FORM 3367, JUL 2010



TAGMA Form 3367

The actual seal on this form is different. For "sample" purpose only