

# VETERAN APPLICATION



North Country Honor Flight recognizes American Veterans for your sacrifices and achievements by taking you to Washington D.C. to see YOUR memorials at no cost.

## Applicant Information

\_\_\_\_\_  
**First, Middle and Last Name**

(as it appears on your driver's license or government ID)

\_\_\_\_\_  
**Nickname (If applicable)**

Age	Date of Birth (mm/dd/yyyy)	Gender (circle one)	Weight (for flight manifest)	Shirt Size (circle one)
		M    F	lbs	S   M   L   XL   2XL   3XL

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

## Service Information

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

\_\_\_\_\_  
Dates of Service

War Era (circle one): WORLD WAR II    KOREAN WAR    VIETNAM    COLD WAR    OTHER

We will ask for your DD 214 (Certificate of Release or Discharge from Active Duty).

Do You have your DD 214? (circle one)    **YES**    **NO**    (If yes, please provide a copy with your application.)

## Alternate Contact & Guardian Information

\_\_\_\_\_  
Contact's Name

\_\_\_\_\_  
Contact's relationship to Veteran

\_\_\_\_\_  
Contact's Phone

\_\_\_\_\_  
Contact's Cell Phone

\_\_\_\_\_  
Contact's Email Address

\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Guardian's relationship to Veteran

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## Medical Information

**MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU.** It permits us to assess the support we may need during the trip. Information is for Honor Flight and medical personnel only.

Do you require mobility equipment?      **YES**    **NO**

If YES, please circle device used:      **Cane**    **Walker**      **Wheelchair**    **Scooter**

Can you walk up 6 stairs independently?      **YES**    **NO**

Do you use Oxygen: **YES** **NO**

### MEDICATIONS

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note any additional concerns:

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**A valid, unexpired government-issued photo ID is required for air travel. Please be sure to bring your ID with you to the airport. THE NAME ON THE ID MUST MATCH THE NAME YOU'VE PROVIDED ON THIS APPLICATION.**

## Disclaimer and Signature

### PLEASE REVIEW AND SIGN:

The Undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Honor Flight activities through video, photo or other media, to be used for the purpose of Honor Flight promotional material, publications, social media and website, and waive any rights or compensation or ownership thereto.
2. I understand that Honor Flight does not provide insurance.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please submit this application to:  
North Country Honor Flight, Inc. P.O. Box 2644 Plattsburgh, NY 12901