



STATE OF MISSOURI  
 MISSOURI VETERAN'S COMMISSION  
**APPLICATION FOR HONORARY HIGH SCHOOL DIPLOMA FOR MISSOURI VETERANS AND  
 CIVILIAN PRISONERS OF WAR (POWs)**

MAIL TO:  
 MISSOURI VETERANS COMMISSION  
 P.O. BOX DRAWER 147  
 JEFFERSON CITY, MO 65102-0147

PHONE: (573) 751-3779  
 FAX: (573) 751-6836  
 E-MAIL: movets@mvc.dps.mo.gov

**A COPY OF THE VETERAN'S HONORABLE DISCHARGE PAPERS OR DD-214 IS REQUIRED AND MUST ACCOMPANY THIS APPLICATION.**

**VETERAN'S NAME AND PERSONAL INFORMATION: (Type or print legibly)**

1. FIRST		2. MIDDLE		3. LAST		4. SUFFIX	
5. ADDRESS (NUMBER, STREET, APT/UNIT, CITY, STATE AND ZIP)				6. HOME PHONE (INCLUDE AREA CODE) ( )			
				7. WORK PHONE (INCLUDE AREA CODE) ( ) EXTENSION			
8. DATE OF BIRTH MONTH DAY YEAR				9. SOCIAL SECURITY NUMBER			

**VETERAN'S MILITARY SERVICE INFORMATION: (A COPY OF HONORABLE DISCHARGE OR DD 214 MUST BE ATTACHED)**

10. BRANCH OF SERVICE		11. SERVICE NUMBER		12. HIGHEST RANK/GRADE ATTAINED	
13. ACTIVE DUTY MILITARY SERVICE					
DATE ENTERED SERVICE:			DATE RELEASED FROM SERVICE:		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
___/___/___			___/___/___		
___/___/___			___/___/___		
___/___/___			___/___/___		

**DIPLOMA INFORMATION**

14. GIVE NAME OF SCHOOL OR SCHOOL DISTRICT YOU WERE ATTENDING WHEN YOU ENTERED THE MILITARY		15. IS SCHOOL STILL IN EXISTENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
16. NAME AND ADDRESS OF SCHOOL OR DISTRICT WHERE YOU WISH TO RECEIVE YOUR DIPLOMA			
17. DO YOU PREFER TO RECEIVE YOUR DIPLOMA BY MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**IF OTHER THAN THE VETERAN IS MAKING THIS APPLICATION, PLEASE PROVIDE THE FOLLOWING INFORMATION**

18. NAME		19. RELATIONSHIP TO VETERAN	
20. ADDRESS (NUMBER, STREET, APT/UNIT, CITY, STATE AND ZIP)			
21. COUNTY		22. IS VETERAN DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

23. SIGNATURE		24. DATE	
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**FOR OFFICE USE ONLY**

MO VETERANS COMMISSION _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	INITIALS _____	DATE _____
DESE/VETS _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	INITIALS _____	DATE _____