

The SAR Veterans Multi-Corps Survey Form

BEFORE starting this SAR Veterans Corps Survey Form, follow the “Save” instructions and understand by forwarding a completed form to the Veterans Recognition Committee you are giving publication consent.

Use the “Save to Your PC” button. Add the Veteran’s Name to the front of the Saved file Name. For example, “George Compatriot SAR VetCorps Survey Form.PDF.
Now **CLOSE** this web page and **OPEN** the saved File on your PC to Continue.

*When you place your mouse over most of the “text” data entry fields below, a feature called a “**tooltip**” will display as a window/popup to give you additional instructions concerning what should be entered in that field.*

Place an “x” in the box or boxes below and the appropriate dates of service for the SAR Veterans Corps you wish to join and for which you wish to receive a Certificate of Patriotism signed by the President General issued to you.

World War II Veterans Corps. WW II Service dates from: _____ to _____

Korean Service Veterans Corps. Korean Service dates from: _____ to _____

Vietnam War Veterans Corps. RVN War Service dates from: _____ to _____

Southwest Asia Veterans Corps. SWA Campaigns dates from: _____ to _____

Special Ops Veterans Corps. Special Ops Campaign dates from: _____ to _____

If eligible for one of the Veterans Corps above, don’t place an “x” in the Military Service Veterans Corps box below.

Military Service Veterans Corps. Military Service dates from: _____ to _____

Name: _____ NSSAR # _____

Address: _____ Phone # _____

City: _____ State: _____ Zip+4: _____

State Society: _____ Chapter: _____

Email Address: _____

Service Branch during your service: _____ Rank held at end of your service: _____

Except for WW II Veterans, list all Medals, Awards, and/or Decorations as shown on your DD-214. Then tell us about your service.

Chapter President or his designee’s Endorsement: I certify that the subject Compatriot is a member in good standing, that his discharge was other than dishonorable, and that his discharge papers indicate he is entitled wear all the medals, awards, and/or decorations listed in the box immediately above this endorsement.

Chapter President Signature: _____

Date signed: _____

The typed signature above is my authorized signature.

Email Address: _____

Chapter: _____

Once this form is completed and saved, “**Click to Print**” to create a paper copy for your records. Use “**Click to Email**” to facilitate the sending of your survey to the SAR Veterans Recognition Chairman. Or create an email with this form as an attachment. Then send it to VetCorps@sar.org.

Please request a “Read Receipt” so that you will know that your file was received.