



Middlesex County Deputy Sheriff Association Gold Star Family Assistance Application

Applicants Name:		Date:
Address:		
Home Phone:		Cell Phone:
Email address:		
Contact person:	relationship:	cell:
Name of fallen service member		
military branch:		
Applicants relationship to the fallen servicemember:		
Please provide proof relationship/military service (ie:DD1300)		
Please describe how we can assist you. Provide a detailed description of goods or services needed. We have professionals willing to provide assistance. (ie: car repairs. list make, model and issue) All financial assistance will be paid to the service provider or ordered for you. No exceptions. Items provided must be returned when they are no longer needed (ie: mobility ramp)		

I give the Middlesex County Deputy Sheriff Association and members of the Gold Star Assistance Board permission to verify the above information by contacting me, the State Veterans Service Office, my city Veterans Service Officer and/or other non-profits.

I certify that the above information is true and accurate.

Signed _____ Date _____