



Honor Flight Veteran Application

A veteran may ONLY fly one time with Honor Flight, regardless of location

To qualify for an Honor flight your service must fall within the DOD dates listed below and you must have been honorably discharged. A **COPY** of your proof of service such as your DD214 **must be submitted with this application** (address on back) or emailed to veterans@honorflightsefl.org.

If you do not have a copy of your DD214, Phone: 866-272-6272 or use this website: <https://www.archives.gov/veterans/military-service-records>

In which war(s) did you serve? Check all that apply

WWII: December 7, 1941 - December 31, 1946 _____

Korean War: June 5, 1950 - January 31, 1955 _____

Vietnam War: November 1, 1955 - May 7, 1975 _____

Your Name: _____
(Please list your full name: First, Middle, Last)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Branch of Service: Army Air Force Navy Marines Coast Guard Merchant Marines Seabees Circle one)

Your dates of military service: From: _____ To: _____

Are you requesting to travel with a specific guardian? (Circle one) Yes / No (not spouse/significant other)

If yes name and relationship to the guardian: _____ Phone # _____

Are you requesting to fly with a specific group or other veteran? (Circle one) Yes / No

Who is the group or veteran? _____

Do you have a valid, REAL ID compliant driver's license or photo ID? YES or NO (circle one)

Height: _____ Weight: _____ Date of Birth: _____

T Shirt Size (**Shirts run a little small**): Small Medium Large XLarge XXLarge XXXLarge (circle one)

Please complete next page



Emergency Contact Information: (someone available on the day of your flight)

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Email: _____

Please provide two alternate contacts: (Very important)

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Email: _____

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Email: _____

Submit completed application with a copy of DD214 to:

**Southeast Florida Honor Flight
Attn: Veteran Coordinator
P.O. Box 1503
Stuart, FL 34995**

For further information please contact us:

Phone Toll Free: 1-855-FLY A VET (1-855-359-2838)

Email: veterans@honorflightsefl.org

Date application received: _____/_____/_____

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