



Veterans High School Diploma Application

This application is used to establish the eligibility of honorably discharged veterans for the receipt of a high school diploma from the state of Florida. The next of kin may apply for the diploma if the veteran is deceased. Please feel free to include any special comments about this veteran on a separate page or the back of this application.

******* VETERAN INFORMATION - PLEASE TYPE OR PRINT *******

Veteran's First Name:	Veteran's MI:	Veteran's Last Name:	Suffix (Sr., Jr., etc.):
Home Phone of Veteran or Next of Kin: () _____ - _____		Work Phone of Veteran or Next of Kin: () _____ - _____	
Do we have your permission to use the Veteran's name for program promotion? (check one) <div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>	Is the Veteran deceased? (check one) <div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>	If the Veteran is deceased, what is your name and relationship to the Veterans? (spouse, child, grandchild, sibling)	
Was the Veteran a resident of the state of Florida at the time of death? <div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>	Current mailing address of Veteran or next of kin making application:		

VETERAN'S MILITARY SERVICE INFORMATION

Please attach a copy of your DD Form 214

Branch of Service:	Date of Enlistment/Draft: <div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year </div>	Date Honorably Discharged: <div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year </div>	Service Number:
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HIGH SCHOOL INFORMATION

Name of High School attended?	County where school was located:	City and state of High School:
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I certify that all the information provided on this application and the supporting documentation is true and correct to the best of my knowledge and is to be used for the sole purpose of applying for a State of Florida High School Diploma.

Signature of Veteran or Next of Kin	Date:	
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FOR OFFICE USE ONLY:			PLEASE MAIL TO:			
DOE Approval:	Date:	Florida Department of Education Veterans High School Diploma Program 325 West Gaines Street, Room 714 Tallahassee, Florida 32399-0400				
Appl. Rec'd.	Diploma Iss.					Diploma Mailed