Desert Shield/Storm Deployment Period Certification

Name:_____ _____ _____
First M. Last

Date Entered Designated Theater of Operations: _____/_____/_____
MM /YY /DD

Date Departed Designated Theater of Operations: _____/_____/_____
MM /YY /DD

This document verifies in-theater (Southwest Asia) service dates for service awards eligibility.

I certify the above information is correct.

_____
Printed Name of Individual

_____ _____
Signature of Unit Personnel Officer Date