

**Application for Replacement of Medals and/or Awards**

Only use this form to apply for awards issued or processed through the AFP. To apply for awards issued by other organisations or state jurisdictions please contact their office directly. This form must be completed and returned to Australian Federal Police, Honours and Awards, PO Box 401 Canberra ACT 2601 or [Honours-awards@afp.gov.au](mailto:Honours-awards@afp.gov.au)

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| **1. Details of member** | | | | |
| **Service Number** | **Given Name/s**  (at time of service) | | **Surname(s)**  (at time of service) | **Date of Birth** |
| **Residential Address** *(Include State & Postcode, No PO Box)* | | | | |
| **Postal Address** *(if different from above)* | | | | |
| **Telephone:**  **Mobile:** | | **Email:** | | |

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| **2. Award(s) requested to be replaced** | | | | | |
| **Award Title** | **Date Received**  ***dd/mm/yyyy*** | **Date Lost**  ***dd/mm/yyyy*** | | **Has this loss been reported?** | **Please detail circumstances of loss** |
|  |  |  | | Yes  No |  |
|  |  |  | | Yes  No |  |
|  |  |  | | Yes  No |  |
|  |  |  | | Yes  No |  |
| **3. Details of Service with AFP** | | | | | |
| **From** (*dd/mm/yyyy)* | | | **To** (*dd/mm/yyyy)* | | |

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| **4. Declaration by Applicant** |
| *I declare that the information I have given in this document is true and correct to the best of my knowledge. I*  *understand that it is an offence to knowingly give false or misleading information contrary to section 137.1 of*  *the Criminal Code 1995 (Cth), an offence punishable by a term of imprisonment of 12 months;*  *Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
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