

Office of Congressman Sean Casten

Vietnam Veteran 50th Anniversry Commemoration Ceremony 2024 Application

Date: 25 August 2024							
Location: American Legion - 310 W Butterfield Rd, Elmhurst, IL 60126							
Time: 10:00 a.m.							
Personal Information							
Veterans legal full name	e:						
(First)	(Middle		(Last)				
Birthdate of veteran:							
(M	M) (DD)	(YY)					
City of birth:	Country of	birth:	_				
If the veteran is decea friend accepting the p	· •	me and relation of th	ne family member or				
mena accepting the p	in on their behati.						
(First)	(Middle)		(Last)				
(J.)	(i iidato)		(2004)				
(Re	lation to veteran)						



Veteran's service information

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Branch of military: _____ Military rank: Dates of service: _____ Location(s) of service: All veterans will need to submit proof of service (DD Form-214, Certificate of Release or Discharge from Active Duty, Veteran ID card, etc.) to be eligible. If you need assistance obtaining your DD-214, please contact our office at (630) 520-9450. Please note that obtaining your DD-214 can take up to 30 days, please contact our office as soon as possible so we can assist you. If you already have your proof of service, the deadline to submit the completed application and proof of service is 23 August 2024. If you have access to a scanner, you may return all required documentation directly to Constituent.Services.IL06@mail.house.gov Otherwise, please return all required documentation to the following address: 800 Roosevelt Road Building C, Suite 204

If you have any questions, please contact our office:

Humberto Zermeno, Constituent Services Manager – (202) 981-3104

humberto.zermeno@mail.house.gov

Glen Ellyn, IL 60137



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Veteran or Applicant's signature

By signing in the space provided below, you are certifying that the information you have provided is true and accurate.

I,	e use in the Vietnam Vet gressman Casten and hi	eran 50 s staff t	th Anni o relea	versary ise my
I will attend this ceremony: \square Yes, I will atten	d 🗆 No, I'm unable to a	ttend		
If yes, how many people will be attending?				
Print applicant name:		_		
Applicant signature:	Date:	/_	/_	
		(MM)	(DD)	(YY)

Please note that information submitted with your application cannot be returned. All information submitted with our application are subject to the Privacy Act of 1974, 5 U.S.C. Section 552 (a), as amended and to the Freedom of Information Act, Section 552, as amended.