



# Office of Congressman Sean Casten

Vietnam Veteran 50th Anniversary

Commemoration Ceremony 2024 Application

**Date:** 25 August 2024 at 10:00am

**Location:** American Legion - 310 W Butterfield Rd, Elmhurst, IL 60126

## Personal Information

Veteran's Full Legal Name:

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(First)

(Middle)

(Last)

Birthdate of Veteran: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM) (DD) (YY)

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**If the veteran is deceased, please list the name and relation of the family member or friend accepting the pin on their behalf.**

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(First)

(Middle)

(Last)

\_\_\_\_\_ (Relation to Veteran)

## Veteran's Service Information

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, 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.**

Please return all required documentation to the following address:

U.S. Representative Sean Casten  
800 Roosevelt Road  
Building C, Suite 204  
Glen Ellyn, IL 60137

**If you have any questions, please contact our office:**

Humberto Zermeno, Constituent Services Manager, [Humberto.Zermeno@Mail.House.Gov](mailto:Humberto.Zermeno@Mail.House.Gov),  
(202) 981-3104

**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, \_\_\_\_\_, release this information to the Office of Congressman Sean Casten and his staff for the use in the Vietnam Veteran 50<sup>th</sup> Anniversary Commemoration Ceremony. I authorize Congressman Casten and his staff to release my name and photo in all promotional materials (website, e-newsletter, press release, social media).*

I will attend this ceremony:  Yes, I will attend  No, I'm unable to attend

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.*