



Vietnam War 50th Commemoration Certificate of Honor: In Memory Of



OMB No. 0704-0500
OMB approval expires

(The In Memory Of certificate is for immediate family members only (parents, siblings, children, spouse) of a veteran who is listed on the Vietnam Veterans Memorial in Washington, D.C.)

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0500). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE EMAIL ADDRESS BELOW.**

1.a. NAME AND ADDRESS TO SHIP CERTIFICATE FOR PRESENTATION <i>(FedEx does not deliver to P.O. Boxes)</i>	b. SHIPPING TELEPHONE NO. <i>(For FedEx)</i>	2.a. DECEASED VETERAN'S NAME	b. RANK	c. BRANCH OF SERVICE	d. DATE OF DEATH	3.a. RECIPIENT'S RELATIONSHIP TO VETERAN	b. RECIPIENT'S FIRST NAME	c. RECIPIENT'S LAST NAME
<i>Example: Mr. J.Q. Smith, 123 Main Street Apt #, City, State, ZIP</i>	<i>898-123-4567</i>	<i>Michael Smith</i>	<i>SSgt</i>	<i>USMC</i>	<i>9/25/1968</i>	<i>Sister</i>	<i>Mary</i>	<i>Smith</i>
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
Name: _____ Street: _____ City: _____ State: _____ ZIP: _____								
N E E D S D D 6 7								
4.a. REQUESTED BY	b. TELEPHONE NUMBER	c. ORGANIZATION	d. EVENT DATE		*Requests should be emailed 60 days prior to presentation to: WHS.VNWar50th_CPP_CoH@mail.mil			