



## Vietnam War 50th Commemoration Certificate of Honor: Former Vietnam War POW



OMB No. 0704-0500  
OMB approval expires

(The Former POW certificate is for former, living American military POWs from the Vietnam War as listed by the Department of Defense.)

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. **D@5G9'8C'BCHF9H'FB'MCI'F':CFA'HC'H<9'56CJ9'CF; 5B-N5H-CB" F9H'FB'7CAD@H98':CFA'HC'H<9'9A5=@588F9GG'69@CK"**

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. VETERAN'S BRANCH OF SERVICE	b. MILITARY RETIREMENT <i>(Y/N)</i>	c. RANK AT TIME OF RETIREMENT <i>(*Including Medical Retirement)</i>	3.a. RECIPIENT'S FIRST NAME	b. RECIPIENT'S LAST NAME
<i>Example: Mr. J.Q. Smith, 123 Main Street Apt #, City, State, ZIP</i>	898-123-4567	USMC	Yes	Colonel	Michael	Smith
Name: _____ Street: _____						
City: _____ State: _____ ZIP: _____						
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City: _____ State: _____ ZIP: _____						
<b>4.a. REQUESTED BY</b>		<b>b. TELEPHONE NUMBER</b>	<b>c. ORGANIZATION</b>	<b>d. EVENT DATE</b>	*Requests should be emailed 60 days prior to presentation to: WHS.VNWar50th_CPP_CoH@mail.mil	

NEEDS D D 6 7