

## Vietnam War Commemoration Program

There are over one million veterans in the State of Texas, many of them served in the Vietnam War. Although I did not serve in the Armed Forces, my father did, and I recognize the tremendous sacrifice our servicemembers - past and present - have made to protect our nation's many freedoms.

I want to honor our state's heroes, which is why I have partnered with the United States of America Vietnam War Commemoration to find eligible Vietnam-era veterans and honor them with a Commemorative Lapel Pin.

## Eligibility

Living U.S. veterans who served on active duty in the U.S. Armed Forces at any time during the period of November 1, 1955 to May 15, 1975, regardless of location, are eligible to receive one lapel pin.

If you served in the Vietnam War or have a family member who served, please complete the Vietnam War Commemoration Lapel Pin Form, and return it to my District Office.

Please submit the completed form to:
U.S. Congresswoman Beth Van Duyne

Attn: Rachel Garcia
14951 Dallas Pkwy, Suite 830
Addison, TX 75254
Or via email to Rachel.Garcia@mail.house.gov


## Vietnam War Commemoration Lapel Pin Form

| Veteran's Information |  |
| :--- | :--- |
| Full Name |  |
| Home Address |  |
| City, State, Zip Code |  |
| Contact Phone Number |  |
| E-Mail Address |  |
| Date of Birth |  |
| Branch of Military Service |  |
| Unit and Branch |  |
| Dates of Service |  |
| Location(s) of Service |  |
| Final Rank at Discharge |  |
| Discharge Date |  |
| If the Vietnam Veteran is being awarded <br> posthumously, please provide the full name of the <br> family member and relation to the veteran who <br> will be accepting the pin on his or her behalf. |  |
| Family Member Information (if applicable) |  |
| Full Name |  |
| Home Address |  |
| City, State, Zip Code |  |
| Contact Phone Number |  |
| E-Mail Address |  |
| Relationship to Veteran |  |

Please feel free to provide additional information, such as military occupation or a brief story on an additional page and submit it with this form.

