

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



(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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil (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.

AUTHORITY: Pub.L. 110-181, Section 598, Program to Commemorate 50th Anniversary of the Vietnam War.

PRIVACY ACT STATEMENT PRINCIPAL PURPOSE: To assist our nation in thanking and honoring Vietnam veterans and their families by presenting them with certificates of honor. For additional information see the System of Records Notice [Note: the draft DoD-wide SORN covering Military Morale, Welfare, and Recreation (MWR) Programs is currently under review]

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above. DISCLOSURE: Voluntary. However, applicable portions must be completed if the applicant desires to benefit from the program.

1.a. NAME AND ADDRESS TO SHIP CERTIFICATE FOR PRESENTATION (FedEx does not deliver to P.O. Boxes)					b. SHIPPING TELEPHONE NO. (For FedEx)	2.a. VETERAN'S BRANCH OF SERVICE	b. MILITARY RETIREMENT (Y/N)	c. RANK AT TIME OF RETIREMENT (*Including Medical Retirement)	3.a. RECIPIENT'S FIRST NAME	b. RECIPIENT'S LAST NAME
Example:	Mr. J.Q. Smith	, 123 Main Stree	t Apt #, City, State	e, ZIP	(898) 123-4567, ext	USMC	Yes	Colonel	Michael	Smith
Name										
Street			Apt/Suite							
City	State	Country		Zip						
Name										
Street			Apt/Suite							
City	State	Country		Zip						
Name										
Street			Apt/Suite							
City	State	Country		Zip						
Name										
Street			Apt/Suite							
City	State	Country		Zip						
Name										
Street			Apt/Suite							
City	State	Country		Zip						
Name										
Street			Apt/Suite							
City	State	Country		Zip						
4.a. REQUESTED BY	ED BY b. TELEPHONE NUMBER (Include area code/extensions) c. O		c. ORGANIZAT	NIZATION			d. REQUESTOR EMAIL		e. EVENT DATE	
	I				*R	equests should be emaile	d 60 days prior to	presentation to: WHS.	/NWar50th_CPP_CoH@	mail.mil