BRADLEY S. SCHNEIDER
10TH DISTRICT, ILLINOIS

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COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON SOCIAL SECURITY

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Congress of the United States
House of Representatives
Washington, DC 20515–1310

January 7, 2020

Dear Veteran,

I am pleased to be hosting my 7th event to honor the veterans of the Vietnam War as part of the congressionally-authorized "United States of America Vietnam War Commemoration."

This event will be held on February 29th at 2:00pm at the American Legion McKinlock Post 264, 801 McKinley Road, Lake Forest, IL. Official Vietnam War 50th Commemoration pins, certificates, and proclamations will be distributed to veterans.

If you are a Vietnam veteran or a family member of a Vietnam veteran, I invite you to RSVP by completing the attached application and returning it to my Lincolnshire office via email at Robert.Perez@mail.house.gov.

Veterans must RSVP and submit a DD214 to demonstrate eligibility. If you do not have a DD214 copy, our office can help you obtain one. The commemoration items may be presented to veterans posthumously if the family completes an application on their loved one's behalf.

The Vietnam War 50th Commemoration was established by the 2008 National Defense Authorization Act. It began in 2012 and will last through Veterans Day, November 11, 2025.

It is a privilege to take part in this Commemoration and to recognize the service and sacrifice of the veterans in our community. Please do not hesitate to contact my office with any questions or comments.

Sincerely,

Bradley S. Schneider

PRINTED ON RECYCLED PAPER

Office of Congressman
Brad Schneider
Working for the people of Illinois's Tenth District
Ph: (202) 225-4835
Web: schneider.house.gov

Vietnam Veteran 50th Anniversary Ceremony- Application

Date: Saturday, February 29th

Location: American Legion McLinlock Post 264
801 McKinley Road, Lake Forest, IL 60045

Time: 2:00-3:30 PM

Deadline to submit the completed application with DD-214 is February 24th. If you need assistance obtaining a DD214, please submit this application and a Privacy Release Form by February 10th. Please note that per Department of Defense regulations, "veterans who served on active duty in the US 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."

Personal Information

Veteran's Full Name:

_____

First Middle Last

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

_____

First Last Relation

Birthdate of Veteran: ____/____/____ Phone Number: (____) _____-_____
MM/DD/YYYY (Area code) 123 - 4567

Email: _____
Confirmation will be sent to this address

Would you like to sign up for Congressman Schneider's e-newsletter? Yes No

Home Address: _____
Street Address City, State, Zip

Are you a U.S. citizen? Yes No Gender: Male Female

I. Service Information

Branch of Military:_____

Dates of Service: _____

Location(s) of Service: _____

Military Documentation (All Veterans will need to submit their DD-214 to be eligible)
If you do not have a DD-214, please fill out the Privacy Release Form attached and contact our office at (847) 383-4870. Obtaining DD-214s can take up to 30 days, please contact our office as soon as possible so we can assist you.

Applicants can also return the form and attachments to our District Office:
Office of Congressman Brad Schneider
111 Barclay Blvd., Suite 200
Lincolnshire, IL 60069
via fax at 847-793-0677
via email at Karyn.davidman@mail.house.gov

II. Applicant's Signature

By signing in the space below, you are certifying that the information you have provided is true and accurate:
I release this information to the Office of Congressman Brad Schneider for the use in the Vietnam Veteran 50th Anniversary Ceremony. I authorize Congressman Schneider to release my name and photo in all promotional materials (website, e-newsletter, press release, etc.).

I am a legal resident of the State of Illinois.

____ I will attend # of people attending:_____ ____ I will not attend

Applicant Signature: _____

Print Applicant Name:_____

Note: Information submitted with your application cannot be returned. Information submitted with your application is 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.

Congressman Bradley S. Schneider

PRIVACY AUTHORIZATION FORM

Under the provisions of the Privacy Act of 1974

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: Illinois Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone_____

If applicable, please provide the following:

Federal Agency Involved: _____ Social Security #: _____

Case #: _____ IRS Tax Year: _____ Form: _____

Provide an explanation of your problem and attach any relevant documents. Use additional paper if necessary.

I authorize Congressman Schneider and his staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. In order to respond to the inquiry about me, I understand that it may be necessary to release information that, under the Privacy Act of 1974, cannot be released without my written consent. I am therefore consenting to the release of information protected by the statute.

Signature: _____ Date: _____

Please print and return this form to:

Congressman Bradley S. Schneider, 111 Barclay Blvd, Suite 200, Lincolnshire, IL 60069
Fax: 847-793-0677