



VFW Life Saving Award Citation Entry Form

NOTE: Please attach and send with this form all documentation of the event (newspaper clippings, articles, etc.).

To be filled out by VFW Representative

Sponsoring VFW Post #:

VFW Department:

Date of Presentation: MM/DD/YY (if available)

VFW POC

Full Name:

Phone:

Email:

Address: (for mailing citation)

City:

State:

Zip:

Nominee Information

Choose appropriate citation: (Regular, Line of Duty or Valor)

Full Name: (please list as you wish it stated on the citation)

Gender:

Occupation Title: (please list as you wish it stated on the citation or N/A)

Employer Name: (If available)

Address of Employer: (If available)

City:

State:

Zip:

Employer Phone:

Employer Email: (if available)

Please complete this form and submit to VFW National Headquarters, Attn: Tammy Beauchamp at Fax# 816-968-1149 or E-mail to tbeauchamp@vfw.org or Lynn Rolf at lrolf@vfw.org. Ensure to include all required documentation that is outlined above in reference to the event. If you have any questions, please feel free to contact us.