



## **VFW Department Public Servant Award Citation Request Form**

**Department of \_\_\_\_\_, VFW**  
(State)

**Date of presentation: \_\_\_\_\_**  
(Month, day, year)

**Sponsoring Post # \_\_\_\_\_ Sponsoring District # \_\_\_\_\_**

**Choose appropriate citation: \_\_\_\_\_**  
(EMT or Firefighter or Law Enforcement)

### **Nominee information:**

**Name of Nominee: \_\_\_\_\_**  
(Please list as you wish it stated on the citation.)

**Gender: \_\_\_\_\_**  
(Male / Female)

**Title (if any): \_\_\_\_\_**  
(Please list as you wish it stated on the citation.)

**Employer Name: \_\_\_\_\_**  
(Please list as you wish it stated on the citation.)

**Address of Employer: \_\_\_\_\_**

**City, State, Zip Code: \_\_\_\_\_**

**Employer Phone # \_\_\_\_\_**

**Approved by \_\_\_\_\_**  
(Department Commander, Department Adjutant or Department Safety Chairman)

The Department should complete this form and forward it to VFW National Headquarters, Programs Department, 406 W. 34<sup>th</sup> Street, Kansas City, MO 64111, by February 1st or three weeks prior to the presentation date. The appropriate citation will be forwarded to your Department Headquarters for presentation. If you have any questions, please feel free to contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail [tbeauchamp@vfw.org](mailto:tbeauchamp@vfw.org)