



## VFW Public Servant Award Citation Post Entry Form

NOTE: VFW Point of Contact should fill out their section below prior to distributing this form.  
This will provide individuals from outside of the VFW with the needed information to submit their packets successfully.

### To be filled out by VFW representative

Sponsoring VFW Post #:  Sponsoring District #:

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

### VFW Post POC

Full Name:

Phone:  Email:

Address: (where to mail entry)

City:  State:  Zip:

### Individual Submitting Nomination

Full Name:

Phone:  Email:

### Nominee Information

Choose appropriate citation: (EMT, Firefighter, Dispatcher or Law Enforcement)

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

Gender:

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

City:  State:  Zip:

Employer Phone:  Employer Email: (if available)

Please complete this form and submit to your local VFW Post. Ensure to include all required documentation that is outlined on the instructions sheet provided with this form. All post entries must be received by their **Department Headquarters no later than January 1st.**

Post must submit this entry form with all required documentation to the State Safety Chairman