



THE VETERANS INITIATIVE NEEDS YOUR HELP

VETERANS INITIATIVE INFORMATION FORM

Today's Date _____

Your Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Description of Item _____

Location of Incident _____ Date of Incident _____

Province _____ VC or NVA unit _____

District or nearest village _____ U.S. unit _____

Map coordinates _____ Military Region _____

Name(s) of VC or NVA, if known _____

If grave site, number of remains _____

Other relevant information (attach additional pages as necessary)

Where did you learn of the Veterans Initiative?
(Check the most appropriate box)

- The VVA Veteran newspaper
- A VVA member
- A VVA Chapter
- Local media
- Other _____