



Congressman Michael C. Burgess, M.D.

26th Congressional District Veteran Commendation

2024 Nomination Form

PLEASE RETURN COMPLETED FORM BY September 9, 2024.

Eligibility Requirements:

- Veteran is a current resident of the Twenty-Sixth District of Texas. *NOTE: Posthumous awards are not available.*
- Veteran served on active duty in the U.S. Armed Forces or was a reservist called to active duty.
- Veteran was honorably discharged from the U.S. Armed Services.
- Veteran has demonstrated exceptional service to their community.
- Veteran has not previously received the Congressional Veteran Commendation.

Nominee Information	
Full Name	
Mailing Address	
City, State and Zip Code	
County	
Contact Phone	
E-Mail Address	
Date of Birth	
Branch of Service	
Unit and Branch	
Dates of Service	
War Conflicts (if applicable)	
Final Rank at Discharge	
Discharge Date	
Medals, Awards, and Commendations	
Civilian Service to Community	
Nominator Information	
Name	
City, State and Zip Code	
Contact Phone	
E-Mail Address	
Relationship to Nominee	

Please submit the completed nomination form (including the Certification of Nomination on the next page), a recent color photo of the veteran, a copy of the veteran's DD-214 (required) and additional documentation, by September 9, 2024 to:

**U.S. Congressman Michael C. Burgess, M.D.
 Attn: Congressional Veteran Commendation
 2000 S. Stemmons Freeway, Suite 200
 Lake Dallas, Texas 75065
 or fax to: (940) 497-5067**

For more information, contact:

Robin Vaughan, Deputy District Director, Office of Congressman Burgess
 Phone: (940) 497-5031 Email: robin.vaughan@mail.house.gov



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Please **provide a detailed explanation** as to why you believe your nominee should receive the Congressional Veteran Commendation. Include any actions that the nominee performed that you believe were of a commendable and/or heroic nature during his/her time of service to the United States and meritorious service to veterans and/or to their community subsequent to military service. Submit additional information or documentation relevant to the veteran and his/her service, including their **DD-214 (required)**. (Use additional pages if necessary.)

(This area is reserved for the detailed explanation of the nomination.)

Certification of Nomination: I, _____, have completed this form in its entirety and can attest to the accuracy of its contents. It is my honor to nominate _____ for the 26th District of Texas' 2024 Congressional Veteran Commendation. In addition, I understand if the aforementioned individual is selected as a CVC recipient, any announcement to the press and upon social media will be made solely by Congressman Michael C. Burgess.

Signature of Nominator: _____ Date: _____