

**This form is only for World War II Veterans and next-of-kin of those buried at Normandy American Cemetery
for whom every effort will be made to provide seating.**

D-DAY 70th ANNIVERSARY CEREMONY

**Friday, 6 June 2014, 10:00 A.M.
Normandy American Cemetery
14710 Colleville-sur-Mer - France
Email: DDay70@abmc.gov
Fax: +33.(0).231516209**

Planning is in progress for a 70th anniversary of D-Day commemorative event to be held at the Normandy American

The ceremony will begin at 10:00 a.m.

The ceremony is open to the public and limited open seating will be available on a first come, first served basis.

World War II Veterans and next-of-kin of those buried at Normandy American Cemetery who wish to attend should complete the form below and email it to the above address.

Access and seating for D-Day/WWII Veterans and NOK is a priority so it is important to indicate your status on the form. Each D-Day/WWII Veteran and NOK will be allowed to have one other person seated with them in reserved seating.

Other members of your party or group will be admitted to the open seating area as space is available.

PLEASE FILL OUT ALL THAT APPLY
Print Please - The information must be legible

Full Name: (First, MI and Last): _____

Birth date (MMDDYYYY): _____

Passport Number: _____

Address:

Mailing Address (If different):

City: _____

State, Zip: _____

Country: _____

Phone Number: _____

E-mail Address: _____

Number of personnel in your party: _____

If you or any member of you party have special needs, such as wheelchair access, please identify:
(Normandy American Cemetery does not have wheelchairs for visitors.)

Are you a D-Day Veteran? ☐ YES ☐ NO

Are you a Liberation of France Veteran? ☐ YES ☐ NO

Are you a WWII Veteran with other than D-Day or Liberation of France service? ☐ YES ☐ NO

If YES:

What was your Service Number? _____

Area and approximate dates of your D-Day or WWII action: _____

What unit did you serve with? _____

Have you received the *Légion d'Honneur*? ☐ YES ☐ NO

Are you a member of a veterans' organization or unit association? Please identify which one:

Are you traveling with a bus/tour group? ☐ YES ☐ NO

If YES, please provide contact information of Tour Company: _____

If you are not a D-Day/WWII veteran, please indicate all categories that apply:

_____ Veteran's Family Member

_____ Family of D-Day Casualty. Name, Cemetery, and Plot Number of D-Day Casualty:

On the attached table, please list names and status of other members in your party
Relative, NOK, Military Personnel, Medical Escort, Other (please identify).

[illegible]