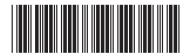


Veterans Affairs Anciens Combattants Canada Canada



Application for Travel Assistance 70th Anniversary of D-Day and the Battle of Normandy

Protected B when completed.

Section A: Personal Informati	on		CSDN ID	File No.		
Last name*	First name*		Middle name(s)			
Mr. O Mrs. O Ms. O	Miss Other	(specify)				
Maiden name (if applicable)	Last name during service (if different)					
Date of birth (yyyy-mm-dd)*	Place of birth					
Telephone (Country Code, Area Code Canada/US Other	Other telephone (Country Code, Area Code, No.) Canada/US Other ()					
Mailing address (No., Street, Apartn	.)*	City/Town/Village*				
Country*		Province/Territo	ory/State*	Postal Code/ZIP*		
Which official language do you with Veterans Affairs Canada?	wish to use in corre	espondence	English () French (
Would you and (1) caregiver be transport from Ottawa, Ontario and from Deauville, France to (Interested parties must submit chosen will be notified by Marc	to Deauville, Franc Ottawa, Ontario on their applications ic	e on June 4, 20 ⁻ June 9, 2014?*	14 '	es		
Section B: Service Informatio	n					
Are you a Canadian Veteran of		Υ	es O No O			
Are you a Canadian Veteran of the Battle of Normandy?* Yes No						
Dates of military service (yyyy-mi	Rank					
From: To:		Trada (a.g. Dil	at Infantry Sailar	<u></u>		
Unit/Regiment/HMC_Ship	Trade (e.g., File	ot, Infantry, Sailor)			
Service No.(s)						
VAC979e (2014-02)		Page 1 of 2				
VACO136 (2014-02)	Fields with an asterisk (*) are required. Ce formulaire est disponible en français. Canada					

Last name*		First name*	CSDN	Protected ID	B when co File No.	mpleted.
Section C: Addition	onal Informatio	on	I			
	end the comme	morative events in Franc	e between	\	Yes 🔾	No 🔾
Please indicate if y	∕ou are plannin	g to attend the following	events:			
☐ June 5, 2014	- Commemorat	ive ceremony at Bény-su	ur-Mer Canadian	War Cem	etery	
June 6, 2014	- Commemorat	ive ceremony at the Jun	o Beach Centre			
June 7, 2014	- Commemorat	ive ceremony at Brettevi	lle-sur-Laize Car	nadian Wa	ır Cemete	ery
How many people will be travelling w		rs, friends, excluding oth	er Veterans) do	you anticiţ	oate 	
If you will be travelli	ing with a tour o	perator, please specify wh	nich one			
If you know where	you will be stay	ring, please specify				
Would you be willing	ng to speak to t	he media? Yes	No 🔾			
subsidy. Provision of the	you provide is collect information is volunta	acy Notice ed in accordance with PC 1965-68 ry; however, an incomplete form re ed on this form is protected from u	nay cause delays and/o	or affect any de	ecisions reno	travel lered on
departments and foreign of benefits or as part of the D	government officials. Department's comme	be shared with other appropriate This internal sharing of information morative activities, if applicable. T ance with the <i>Privacy Act</i> .	n may occur to determi	ne if you are e	ligible for add	ditional
The <i>Privacy Act</i> provides request that your persona	for a right of access, of information be corre	on request, to your personal informated if you believe there is an erro	nation which is in VAC's r or omission.	s possession,	as well as a	right to
include any third parties p VAC PPU 225. As well, \	erforming services or /AC maintains Persor	ssure of personal information, as we a VAC's behalf, are described under all Information Banks on other VA amplete list of VAC's Personal Infor	er the Personal Informa C programs. You may	ation Bank, Re	membrance	which may Outreach -
		led in this form is, to the b ce and effect as if made u		dge, true a	nd compl	ete and
Signature of applicant				Date (yyyy-mm-dd)		
Please mail to:	Veterans Aff	ntion Division - Travel A airs Canada), Charlottetown PE C1				
Email to:	normandy-ne	ormandie@vac-acc.gc.o	ca			
Or fax to:	(902) 566-850	01				
VAC979e (2014-02)		Page 2 of 2	2			
		Fields with an asterisk (*) are required.			