

# APPLICATION FOR TRAVEL SUBSIDY VETERANS OF ITALIAN CAMPAIGN

Protected Information When Completed

Family Name		Given Name (s)			
Maiden Name (if applicable)		Family Name during service (if different)			
Service Number (s)	Rank	Date of Birth	Place of Birth		
		year      month      day	city	country	
Name of ship sailed on (if Navy / Merchant Navy)		Mailing Address			
		City	Prov./ Territory	Postal Code	
Telephone Number (      )	E-mail Address (optional)		VAC File No. (if known)		

1. Did you serve in the Italian Campaign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Briefly describe your service in the Italian Campaign.		
3. Do you plan to attend commemorative events in Italy, Oct.24 <sup>th</sup> to Nov. 4 <sup>th</sup> ?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<p>I declare that the information provided here is, to the best of my knowledge, true and complete and knowing that this is of the same force and effect as if made under oath.</p> <p>I understand that the personal information I provide on this form is collected under the authority of the <i>Department of Veterans Affairs Act</i> for the purpose of determining eligibility for the travel subsidy. My personal information is protected from unauthorized disclosure in accordance with the <i>Privacy Act</i>. I may request a copy of this completed form by writing to the Access to Information and Privacy Office of Veterans Affairs Canada.</p>	
Signature of Applicant	Date

**Please mail to:**  
Travel Subsidy, Veterans Affairs Canada, Box 7700, Charlottetown, PEI, C1A 8M9