



V.A. V.S. & S.V.H.
Certification Form for Grande Voitures

Date: _____

Correspondant Nationale
Voiture Nationale
250 E 38th Street
Indianapolis, IN 46205-2644

Dear Sir,

The Grande Voiture du _____ takes **GREAT PLEASURE** in
submitting the:

NAME OF: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____

For Appointment as:

Representative

Deputy

Recertification

In VA Hospital/Clinic: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Approved By: _____

Grand Chef de Gare / Grand Correspondant