

**United States House of Representatives
Terrorist Victims Flag Memorial Program Request Form**

The United States House of Representatives established the Terrorist Victims Flag Memorial Program, pursuant to House Resolution 239, 107th Congress, to honor deceased and physically injured victims of the terrorist attacks of September 11, 2001. This program provides for a U.S. flag flown over the Capitol Building and accompanying House certificate to be made available at no cost to surviving victims and the families of deceased victims of these attacks. Please review the guidelines on the back of this form to determine if you are eligible to receive a flag under this program. If you are, please complete either Sections 1 or 2 below and Section 3. Return the form to your U.S. House Representative who represents the U.S. congressional district where you live. **The House of Representatives will provide ONLY ONE FLAG under this program in honor of a deceased victim or physically injured victim.**

SECTION 1. TO BE COMPLETED BY THE FAMILY OF THE DECEASED VICTIM
NAME OF THE DECEASED VICTIM

Last

First

Middle

Title

MOST RECENT RESIDENCE OF THE DECEASED VICTIM

City

State

Country

YOUR NAME

Last

First

Middle

YOUR ADDRESS (where flag will be sent)

Street

Apt. No.

City

State

Zip

Country

YOUR TELEPHONE NUMBER

YOUR RELATION TO THE DECEASED VICTIM

SECTION 2. FOR THE PHYSICALLY INJURED SURVIVING VICTIM

NAME

Last

First

Middle

ADDRESS (where flag will be sent)

Street

Apt. No.

City

State

Zip

Country

TELEPHONE NUMBER

SECTION 3. PLEASE READ AND SIGN TO COMPLETE YOUR REQUEST

I have read the guidelines on the back of this form and I represent that I am qualified to receive a U.S. Capitol-flown U.S. Flag, at no cost to me, through my U.S. Congress Representative, as part of the United States House of Representatives Terrorist Victims Flag Memorial Program.

Your signature or that of one signing on your behalf

Date

FOR U.S. REPRESENTATIVE USE ONLY

To the Clerk, U.S. House of Representatives: Please deliver to me one U.S. Capitol-flown U.S. flag for my constituent above, whom I have determined to be eligible to receive this flag under the United States House of Representatives Terrorist Victims Flag Memorial Program.

Print Name

State

District

Member's Signature

Date

RETURN SIGNED COMPLETED FORM TO OFFICE OF THE CLERK,
H-154 THE CAPITOL, WASHINGTON, D.C. 20515