



NOMINATION FORM – 2017

Be sure to read the **Nomination Guidelines** prior to completing this form.
All nominations **must be received no later than May 31, 2017**

Nominee's Full Name _____ Email Address _____

Home Address _____

Nominee's City _____ State _____ Zip Code _____

Telephone No. _____ Mobile/Cell No. _____

Nominee was born in FL: Yes No. If No, the number of years Nominee lived in Florida: _____ Years.
(Please circle Yes or No)

Did Nominee Receive an Honorable Discharge from the Armed Forces? Attached Yes No
verification of Honorable Discharge.

Nominee's Date of Birth _____ Is Nominee Deceased? Yes No

Please attach to this nomination form a typed summary of the nominee's achievements and contributions as outlined in the Nomination Guidelines. Include copies of Military discharge papers and any other supporting documentation.

Note: **The nomination packet may not exceed ten (10) pages. Printing must be font size 12pt or larger. Any packet which does not comply will not be considered and will be returned.** Also, letters simply recommending your nominee will not be considered. Multiple nominations for the same nominee are discouraged.

NOMINATOR'S STATEMENT: I hereby affirm the information contained herein is accurate to the best of my knowledge and understanding, and in conformation with the Nomination Guidelines. I agree to provide additional information if required by the Florida Veterans' Hall of Fame.

Nominator's Name _____ Relationship to Nominee _____
(Refer to Nomination Guidelines)

Telephone Number _____ Email Address _____

Nominator's Signature (Required) _____ Date _____

Please Note: Only the nominator will be notified if this nomination is NOT Selected.

Mail or Email this form and completed packet to:

FVHOF@FDVA.STATE.FL.US

Florida Department of Veterans' Affairs

Attention: Veterans' Hall of Fame

The Capitol, Suite 2105

400 South Monroe Street

Tallahassee, FL 32399-0001