



## Veterans Ombudsman's Commendation Nomination Form

### Information about the Nominee

Full name:

Address:

City:

Province:

Postal code:

Telephone:

Preferred language:

### Information about the Nominator

Full name:

Address:

City:

Province:

Postal code:

Telephone:

Email address:

Signature:

Date:

Please indicate which category of the Commendation you wish the Nominee be considered for (check all that apply):

National Organization or Group	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Local Organization or Group	<input type="checkbox"/>	Lifetime Contribution	<input type="checkbox"/>

Please indicate why this person should be awarded a Veterans Ombudsman's Commendation and attach additional pages if necessary (Approximately 300 words in length). Please also include (2) letters of support from individuals other than yourself. (Maximum one [1] page in length each)