



Government of Canada

Gouvernement du Canada

Veterans Ombudsman

Ombudsman des vétérans

Veterans Ombudsman's Commendation Nomination Form

Information about the Nominee

Full name:

Address:

City:

Province:

Postal code:

Telephone:

Preferred language:

Email:

Information about the Nominator

Full name:

Address:

City:

Province:

Postal code:

Telephone:

Email:

Signature:

Date:

Please indicate which category of the Commendation you wish the Nominee be considered for (check only one):

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

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 the nominator. (Maximum one [1] page in length each)