



## Minister of Veterans Affairs Commendation - Nomination Form

Candidate:		
Mr./Mrs./Ms./Miss Full Name		
Address		Postal Code
City	Province	Telephone #
Preferred Language		

Nomination submitted by:		
Mr./Mrs./Ms./Miss Full Name		
Address		Postal Code
City	Province	Telephone #
E-mail Address		
Signature		Date
Reference:		
Mr./Mrs./Ms./Miss Full Name		
Address		Postal Code
City	Province	Telephone #

Please submit to: Ministers of Veterans Affairs Commendation Committee  
Veterans Affairs Canada  
66 Slater Street, Ottawa  
Ontario, K1A 0P4