

# Newfoundland and Labrador Award for Bravery

## NOMINATION FORM



### Candidate\*

Full Name Mr  Mrs  Ms  Dr

Home Address |

Postal Code | Telephone |

Email |

Occupation |

### Nominator

Full Name Mr  Mrs  Ms  Dr

Home Address |

Postal Code | Telephone |

Email |

Relationship to Candidate |

### Information in Support of the Nomination

(Please attach separate sheet if more space is needed.)

When the incident occurred\*\* (date and time of day) |

Where the incident occurred |

Person(s) whom required assistance |

Full Name Mr  Mrs  Ms  Dr

Home Address |

Postal Code | Telephone |

Email |

Relationship to Candidate |

Witness(es) to the act |

Full Name Mr  Mrs  Ms  Dr

Home Address |

Postal Code | Telephone |

Name(s) of Police Officer(s) involved in investigating the incident |

Detachment | Force | RNC  RCMP

Nominator Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Note.** \* Only persons resident in the Province of Newfoundland and Labrador are eligible for nomination.

(Please attach print media clippings if available.)

Description of the situation |

Details of the actions of the candidate |

Result of these actions |



**NOMINATIONS FOR THE AWARD  
SHOULD BE FORWARDED TO:**  
Executive Council, Protocol Division  
P.O. Box 8700  
St. John's, NL A1B4J6