

Illinois Veteran of the Month Nomination Form

Please read the Nomination Guidelines prior to completing this form. Please attach a written summary of the nominee's achievements.

Nominee _____ Telephone _____

Home Address _____

Date & Place of Birth _____

Year & Location of Illinois Residency _____

Nominator's Name _____

Address _____

Telephone _____

Signature of Nominator (required)

Date

I have read the nomination guidelines and attest that the above information is accurate and true. If selected as a "Veteran of the Month" I agree to attend a public appearance with the Illinois Department of Veterans' Affairs.

Signature of Nominee (required)

Date

SEND COMPLETED FORM TO:

Illinois Veteran of the Month
Illinois Dept. of Veterans' Affairs
833 S. Spring St.
Springfield, IL 62794-9432
fax (217) 524-0344
