

THE QUEEN ELIZABETH II PLATINUM JUBILEE MEDALLION

NOMINATION FORM * ALL FIELDS ARE MANDATORY UNLESS NOTED * PRINT CLEARLY

NOMINEE INFORMATION		
Last Name		Given Name(s)
Street Address		Apartment/Unit #
City/Town		Prov. Postal Code
Phone ()		E-mail Address
Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Language <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	Date of Birth (mm/dd/yy) ___/___/___
Honorary Title <input type="checkbox"/> NONE <input type="checkbox"/> CHIEF <input type="checkbox"/> YOUR EXCELLENCY <input type="checkbox"/> YOUR EXCELLENCY THE RIGHT HONOURABLE <input type="checkbox"/> YOUR HONOUR <input type="checkbox"/> YOUR HONOUR THE HONOURABLE <input type="checkbox"/> YOUR WORSHIP <input type="checkbox"/> THE HONOURABLE <input type="checkbox"/> THE RIGHT HONOURABLE		
Other Title(Specify)		Military? <input type="checkbox"/> YES <input type="checkbox"/> NO Rank(Specify)
Is the Nominee a Canadian citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the Nominee currently alive? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Post-nominals (Optional)		
Current Position of Nominee (Optional)		
Field of Endeavour <input type="checkbox"/> AEROSPACE <input type="checkbox"/> ARCHITECTURE <input type="checkbox"/> ARTS & CULTURE <input type="checkbox"/> BUSINESS/COMMERCE <input type="checkbox"/> INDUSTRY/ECONOMICS <input type="checkbox"/> CANADIAN FORCES <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> EDUCATION <input type="checkbox"/> ENGINEERING <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> HERITAGE & HISTORY <input type="checkbox"/> HUMANITARIAN AID <input type="checkbox"/> MULTICULTURAL <input type="checkbox"/> PHILANTHROPY <input type="checkbox"/> POLITICS <input type="checkbox"/> PROTECTIVE SERVICES <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> RCMP <input type="checkbox"/> RELIGIOUS SCIENCE <input type="checkbox"/> SOCIAL SERVICES <input type="checkbox"/> SPORTS <input type="checkbox"/> TECHNOLOGY <input type="checkbox"/> VETERAN <input type="checkbox"/> VOLUNTARY SERVICE <input type="checkbox"/> OTHER _____		

SUMMARY
<p><i>Use this space to provide a short citation or brief summary of the nominee's achievements (up to 250 characters or 40 words)</i></p> <hr/> <hr/> <hr/> <hr/> <hr/>

***Nomination forms that are not thorough and complete will NOT be considered.**

NOMINATOR INFORMATION		
Last Name	Given Name	
Street Address		Apartment/Unit #
City/Town	Prov.	Postal Code
Phone ()	E-mail Address	
Relation to the Nominee	How long have you known the Nominee?	

REFERENCES (OPTIONAL)	
<i>List up to three other references willing to vouch for your Nominee.</i>	
Full Name	Relation to Nominee
Company/Organization	Phone ()
Address	
Full Name	Relation to Nominee
Company/Organization	Phone ()
Address	
Full Name	Relation to Nominee
Company/Organization	Phone ()
Address	
May we contact your listed references?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact you for more information?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
I certify that the answers enclosed are true and complete to the best of my knowledge.	
Signature	Date

**Nomination forms that are not thorough and complete will NOT be considered.*