

INDUCTEE NOMINATION FORM

Nominee's Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Place of Birth _____ Date of Birth _____

Is Nominee Living _____ - or - Deceased _____

If deceased, please give date of death _____

If deceased, give names and addresses of nearest living relatives:

Nomination submitted by:

(Your name)

(Your address)

(Your phone number with area code)

(Today's Date)

Justification:

Give complete but concise details justifying the nomination with any background information considered pertinent and any other relevant information that would support your nomination. Use as many pages as needed. Sign, provide your address, and send to the address shown at the bottom of this page. Please be sure to list any citations(s) such as Distinguished Flying Cross, Bronze Star, etc. Verifiable documentation must be attached to substantiate the valorous action(s) of the nominee.

Thank you for taking an active role in the West Virginia Aviation Wall of Valor by nominating this individual.