Congressional Badge of Bravery Nomination Required Information

	Nomina	Nominator (Recommending Official) Information	
	0	First and last name	
	0	Occupational title	
	0	Name of appointing authority/submitting agency	
	0	Agency address, to include street, city, state, and zip code	
	0	Email address	
	0	Telephone number (including area code)	
	Nominee Information		
	0	First and last name	
	0	Occupational title and grade or rank	
	0	Gender	
	0	Home mailing address to include street, city, state, and zip code	
	0	Email address	
	0	Telephone number (including area code)	
	0		
	0	The content of the co	
	0	Number of years/months of service as of the date when act of bravery occurred	
	Event Information		
	0	Date(s) of Event	
	0		
	0		
	0		
		circumstances under which the nominee performed the act of bravery and	

describing how the circumstances meet the Congressional Badge of Bravery

criteria