Note: * Indicates required information

Nominator (Recommending Official) Information:

- Occupational Title: *
- Name (Note: this is the agency head) *
- Name of Appointing Authority (public safety agency that employs the nominee) *
- Address (agency complete address) *
- Email *
- Telephone Number (agency head or administrative office) *
- Fax Number

Nominee Information:

- Occupational Title: *
- Full Name (to include any middle name and suffix) *
- Confirmation when the nominee has no middle name: *
- Other Names Used
- Date of Birth: *
- Home Address (complete home address) *
- Employing Agency Name on the date of act of valor *
- Email *
- Phone (home/cell) *
- Fax Number
- Group Nomination (Yes/No) *

Event Information:

- Event Start Date *
- Event End Date *
- City, County, or Township *
- State *
- Summary of Act of Bravery (7500 character limit) *
 - This section must include the name of the nominee and detail an event that took place during the listed Date of Event. In addition, it should provide an explanation of the event to include essential facts reflecting the individual and collective actions of the nominee(s) that explain the valorous conduct performed and supports the nomination for the Medal of Valor.

Witness Information:

- Occupational Title
- Name
- Address
- Phone
- Fax

Supporting Documents (Uploaded)