

## **Congressional Badge of Bravery Application All Application Fields**

- Nominator (Recommending Official) Information
  - Occupational title
  - Other title
  - First, middle, and last name
  - Suffix
  - Name of appointing authority/submitting agency
  - Agency address, to include street, city, state, and zip code
  - Email address
  - Telephone number (including area code)
  - Fax number (including area code)
- Nominee Information
  - Occupational title
  - Other title
  - Grade/Rank
  - First, middle, and last name
  - Suffix
  - Home mailing address, to include street, city, state, and zip code
  - Gender
  - Employing agency name (on date of act of bravery)
  - Field office address on the date when act of bravery occurred, to include street, city, state, and zip code
  - Number of years/months of service as of the date when act of bravery occurred
  - Email address
  - Telephone number (including area code)
  - Fax number (including area code)
- Event Information
  - Date(s) of event
  - City, County, or Township where event occurred
  - State where event occurred
  - Summary of act of bravery – should be no more than two (2) pages detailing the circumstances under which the nominee performed the act of bravery and describing how the circumstances meet the Congressional Badge of Bravery criteria
- Witness Information
  - Title of witness
  - First, middle, and last name
  - Suffix
  - Business address, to include street, city, state, and zip code
  - Telephone number (including area code)
  - Fax number (including area code)
- Supporting Documents
  - This section will allow you the ability to upload supporting documents