

Congressional Badge of Bravery Application

Nominator (Recommending Official) Information:

*Occupational Title: _____ Other Title: _____

*First Name: _____ *Last Name: _____ MI: _____

*Name of appointing authority/submitting agency: _____

*Agency Address: _____

*City: _____ *State: _____ *Zip code: _____

*Email address: _____

*Telephone number: (____)-____-____ ext: _____

Fax number: (____)-____-____

Nominee Information:

*Occupational Title and Grade or Rank: _____

Other Title: _____

*First Name: _____ *Last Name: _____ MI: _____

*Gender: _____

*Home Address: _____

*City: _____ *State: _____ *Zip code: _____

*Employing Agency Name (on date of act of bravery): _____

*Field Office Address: _____

*City: _____ *State: _____ *Zip code: _____

*Number of years/months of service when act of bravery occurred: _____

*Email address: _____

*Telephone number: (____)-____-____ ext: _____

Fax number: (____)-____-____

Items marked with an asterisk () are required for all applications.

Event Information:

*Date(s) of Event: _____ - _____

*City, County, or Township where event occurred: _____

*State where event occurred: _____

*Summary of act of Bravery - This written narrative should describe the circumstances of the event when the nominee performed the act of bravery. An explanation of how the circumstances meet the criteria of the Congressional Badge of Bravery should be included within the summary. Please note that the Summary of Events can be no more than two (2) pages in length, which will be approximately 4,700 characters.

Witness Information:

Although not required, this section can be used to supply contact information for the individual(s) that witnessed the act of bravery. If you choose to include witness information, please be sure to include the witness' name, address, and telephone number. You may include more than one witness to the act of bravery. Please know that there is no limit to the number of witnesses entered, and, the nominator can also be listed as a witness.

Title: _____

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number: (____) - ____ - ____ ext: _____

Fax number: (____) - ____ - ____

Supporting Documents:

Supporting documents can be submitted for inclusion with the nomination. These document may include items such as, official reports, video footage/coverage, news articles, photos, community/state awards presented to the nominee in recognition of the act of bravery, etc.

Items marked with an asterisk () are required for all applications.