



First Responder of the Year Award

Sponsored by Our Fallen Heroes Foundation

Nomination Form

Check boxes that apply:

Peace Officer Firefighter Medical First Responder In the Line of Duty Death Career-Ending Injury

NOMINEE INFORMATION: (Please Print)

Nominee's Name: _____ Agency: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

If the nomination is made posthumously, indicate the primary next of kin to be contacted:

Name: _____ Relationship to nominee: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

NOMINATOR INFORMATION:

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____ Relationship to Nominee: _____

