

Missouri Veterans' Hall of Fame (MVHoF)
Nomination Form

For detailed information regarding nominations please read the **Missouri Veterans' Hall of Fame Nomination Information** Criteria and Guidelines.

Nominator's Information

Full Name: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Nominee's Information

Full Name: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Email Address: _____

City & State of Birth: _____ Service Branch: _____

Missouri connection: _____

Dates of Service: _____

Is the Nominee Deceased?: Yes ___ / No ___ Rank at Separation: _____

Military Duties: _____

AFFIDAVIT and AUTHORIZATION

I hereby affirm that the information contained in this Nomination Package is accurate to the best of my knowledge, and in conformance with **Missouri Veterans' Hall of Fame Nomination Information**. I agree to provide additional information if requested by the Missouri Veterans' Hall of Fame (MVHoF). I acknowledge that all provided documents will not be returned.

Signature of Nominator: _____ Date: _____

Nomination Checklist

Note: Please black-out the Social Security Number on all documents that are submitted.

Please include all the completed items in the Nomination Package:

1. **Completed MVHoF Nomination Form** (1 page)
2. **Copy of DD Form 214** (Or equivalent separation/discharge document)
3. **Summary of Nominee's Life Accomplishments** (No more than 1 page)
4. **Letters of Recommendation** (Optional – but no more than 2)
5. **\$50.00 Nonrefundable Nomination Processing Fee** - Please make check payable to: "MVHoF" for: **Nomination Fee**

Mail Nomination Packet before April 30th of the year being considered to:

**Missouri Veterans' Hall of Fame
911 N. Simpson
Warrensburg, MO 64093**

Website: www.mvhof.org