



Queen Elizabeth II Diamond Jubilee Medal

A new commemorative medal has been created to mark the 2012 celebrations of the 60th anniversary of Her Majesty Queen Elizabeth II's accession to the Throne as Queen of Canada.

The Chancellery of Honours, as part of the Office of the Secretary to the Governor General, administers the Queen Elizabeth II Diamond Jubilee Medal program.

Eligibility criteria

To be eligible for this honour, a person must:

- Be a Canadian citizen or a permanent resident of Canada but not necessarily reside in Canada;
- Have made a significant contribution to a particular province, territory, region or community within Canada, or an achievement abroad that brings credit to Canada; and
- Be alive on February 6th, 2012, the 60th anniversary of Her Majesty's accession to the Throne. The medal can be awarded posthumously, as long as the recipient was alive on that date.

Nomination process

Members of Parliament have been invited to nominate candidates from their community for this national honour.

Members of the general public are welcome to contact their Member of Parliament to suggest or recommend names of candidates.

Suggesting persons that might be nominated

To suggest or recommend someone to be nominated for the Queen Elizabeth II Diamond Jubilee Medal, please complete the attached form.

The completed form should be submitted to my office at 5000 Bridge Street, Suite 202, Delta, British Columbia V4K 2K4.

Successful Nominees

The names of nominees awarded the Queen Elizabeth II Diamond Jubilee Medal will be posted on our website (www.kerrylynnefindlaymp.ca).

THE QUEEN ELIZABETH II DIAMOND JUBILEE MEDAL

NOMINATION FORM * ALL FIELDS ARE MANDATORY UNLESS NOTED * PRINT CLEARLY

NOMINEE INFORMATION		
Last Name		Given Name(s)
Street Address		Apartment/Unit #
City/Town		Prov. Postal Code
Phone ()		E-mail Address
Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Language <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	Date of Birth (mm/dd/yy) ___/___/___
Honorary Title <input type="checkbox"/> NONE <input type="checkbox"/> CHIEF <input type="checkbox"/> YOUR EXCELLENCY <input type="checkbox"/> YOUR EXCELLENCY THE RIGHT HONOURABLE <input type="checkbox"/> YOUR HONOUR <input type="checkbox"/> YOUR HONOUR THE HONOURABLE <input type="checkbox"/> YOUR WORSHIP <input type="checkbox"/> THE HONOURABLE <input type="checkbox"/> THE RIGHT HONOURABLE		
Other Title(Specify)		Military? <input type="checkbox"/> YES <input type="checkbox"/> NO Rank(Specify)
Is the Nominee a Canadian citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the Nominee currently alive? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Post-nominals (Optional)		
Current Position of Nominee (Optional)		
Field of Endeavour <input type="checkbox"/> AEROSPACE <input type="checkbox"/> ARCHITECTURE <input type="checkbox"/> ARTS & CULTURE <input type="checkbox"/> BUSINESS/COMMERCE <input type="checkbox"/> INDUSTRY/ECONOMICS <input type="checkbox"/> CANADIAN FORCES <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> EDUCATION <input type="checkbox"/> ENGINEERING <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> HERITAGE & HISTORY <input type="checkbox"/> HUMANITARIAN AID <input type="checkbox"/> MULTICULTURAL <input type="checkbox"/> PHILANTHROPY <input type="checkbox"/> POLITICS <input type="checkbox"/> PROTECTIVE SERVICES <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> RCMP <input type="checkbox"/> RELIGIOUS SCIENCE <input type="checkbox"/> SOCIAL SERVICES <input type="checkbox"/> SPORTS <input type="checkbox"/> TECHNOLOGY <input type="checkbox"/> VETERAN <input type="checkbox"/> VOLUNTARY SERVICE <input type="checkbox"/> OTHER _____		

SUMMARY

Use this space to provide a short citation or brief summary of the nominee's achievements (up to 250 characters or 40 words)

****Nomination forms that are not thorough and complete will NOT be considered.***

NOMINATOR INFORMATION		
Last Name	Given Name	
Street Address		Apartment/Unit #
City/Town	Prov.	Postal Code
Phone ()	E-mail Address	
Relation to the Nominee	How long have you known the Nominee?	

REFERENCES (OPTIONAL)	
<i>List up to three other references willing to vouch for your Nominee.</i>	
Full Name	Relation to Nominee
Company/Organization	Phone ()
Address	
Full Name	Relation to Nominee
Company/Organization	Phone ()
Address	
Full Name	Relation to Nominee
Company/Organization	Phone ()
Address	
May we contact your listed references?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact you for more information?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
I certify that the answers enclosed are true and complete to the best of my knowledge.	
Signature	Date

**Nomination forms that are not thorough and complete will NOT be considered.*