

THE QUEEN ELIZABETH II DIAMOND JUBILEE MEDAL

NOMINATION FORM * ALL FIELDS ARE MANDATORY UNLESS OTHERWISE STATED * PRINT CLEARLY

NOMINEE INFORMATION			
Title(s)			
Last Name		Given Name(s)	
Street Address			Apartment/Unit #
City/Town		Prov.	Postal Code
Home Phone ()		Work Phone () extension	
Cell 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) ___/___/___
Military? <input type="checkbox"/> YES <input type="checkbox"/> NO		Rank (Specify)	
Is the Nominee a Canadian citizen or Permanent Resident?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the nominee alive as of February 6, 2012? YES <input type="checkbox"/> NO <input type="checkbox"/>
Post-nominals (Optional)			
Current Position of Nominee (Optional)			
Field of Endeavour			

NOMINEE'S ACHIEVEMENTS - MANDATORY
<i>Use this space to provide a brief summary of the nominee's achievements (up to 250 characters or 40 words)</i>
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NOMINATOR INFORMATION			
Last Name		Given Name	
Street Address			Apartment/Unit #
City/Town		Prov.	Postal Code
Home Phone ()		Work Phone () extension	
Cell Phone ()		E-mail Address	
Relation to the Nominee		How long have you known the Nominee?	

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

REFERENCES	
<i>List other references willing to vouch for your Nominee.</i>	
Full Name	Relation to Nominee
Company/Organization	
Address	
Home Phone ()	Work Phone () extension
Cell Phone ()	E-mail Address
Full Name	Relation to Nominee
Company/Organization	
Address	
Home Phone ()	Work Phone () extension
Cell Phone ()	E-mail 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

ALL FORMS MUST BE RECEIVED BY JUNE 30, 2012 AT THE FOLLOWING ADDRESS:

**Gordon O'Connor Constituency Office
101-240 Michael Cowpland Drive
Kanata, ON K2M 1P6**

**phone: 613-592-3469 fax: 613-592-4756
gordon.oconnor.a3@parl.gc.ca**

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