

Florida Veterans' Hall of Fame Nomination Form – 2025

Be sure to read the Nomination Guidelines prior to completing this form. All nominations must be received no later than April 1, 2025

Nominee's Full Name _____ Email _____

Mail Address _____

Nominee's City _____ State _____ Zip Code _____ Main Phone # _____

Was Nominee born in Florida? YES. NO. If No, Is Florida the nominee's official state of Residence? YES. NO.

Nominee was Honorably Discharged from the U.S. Armed Forces: YES. (Attach copy of DD-214 or other Discharge Document). NO. (Honorable Discharge is required for nomination).

Nominee's Date of Birth _____ Nominee is deceased YES. NO. If yes, Year of Death _____

Please attach to this nomination form a typed summary of the nominee's achievements and contributions as outlined in the Nomination Guidelines. Include copies of any other supporting documentation.

Note: **The nomination packet may not exceed ten (10) pages. Printing must be Times Roman font size 12pt or larger. Any packet which does not comply will not be considered and will be returned.** Also, recommendation letters without an extensive supporting narrative will not be considered. Multiple nominations for the same nominee are discouraged.

NOMINATOR'S STATEMENT: I hereby affirm the information contained herein is accurate to the best of my knowledge and understanding, and in conformation with the Nomination Guidelines. I agree to provide additional information if required by the Florida Veterans' Hall of Fame. I agree to notify the Florida Veterans Hall of Fame of any felony convictions of a nominee.

Nominator's Name _____ Relationship to Nominee _____

Telephone Number _____ Email Address _____

Nominator's Signature (Required) _____ Date _____

Statement from living nominee or next of kin in the case of a deceased nominee:

Under penalties of perjury, I declare that I have read the foregoing Florida Veterans Hall of Fame nomination form and that the facts stated in it are true to the best of my knowledge and belief.

Nominee's Signature (Required) _____ Date _____

(In the case of deceased nominee, signature by next of kin is required).

Email or mail this form and completed packet to:

FVHOF@FDVA.FL.GOV or

Florida Department of Veterans Affairs

Attention: Veterans' Hall of Fame

2601 S. Blair Stone Rd., Suite C300

Tallahassee, FL 32399