

# Arizona Veterans Hall of Fame Nomination Checklist

*Be sure to read all Nomination instructions prior to completing this form.*

**CONFIDENTIAL** This information will not be forwarded to the Selection Panel. **CONFIDENTIAL**

## NOMINEE INFORMATION

**NOTE: ALL QUESTIONS ARE MANDATORY. BLANK FIELDS WILL DISQUALIFY NOMINATION**

NOMINEE FULL NAME: \_\_\_\_\_ NICKNAME (If Any): \_\_\_\_\_  
Current Home Address (Street /Unit #): \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Month & Year of NOMINEE'S Arizona residency: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
City & State of Birth: \_\_\_\_\_ If NOMINEE is deceased, year passed: \_\_\_\_\_

## Nominator's Checklist and Certification

- I will provide military and civilian photographs of my Nominee, as specified in the UAV Photo Guidance. I have notified the Nominee (if deceased, a representative) that if selected, their biography and photographs may be used by UAV in all current and future media print, audio, and video formats.
- I will provide a LEGIBLE copy of Nominee's most recent Discharge Documents as specified by UAV.
- I have notified the Nominee (if deceased, a representative) that a background check will be conducted.
- I have notified the Nominee (if deceased, a representative) that, if selected, the Nominee (if deceased, a representative) must attend the induction ceremony, in person, in order to be inducted.
- I understand Induction Ceremonies are normally held the last 2 weeks in October, but dates may vary.
- I hereby certify that the Nominee (if deceased, a representative) has agreed to all stipulations herein.
- I hereby certify that the information contained in this Nomination is true and accurate to the best of my knowledge and verification.
- I agree to provide additional information regarding Nominee if requested by the UAV.
- I agree it is solely my responsibility to ensure that all Nomination Forms are completed, all Nomination documents have been received by UAV, and that all requirements for potential Nomination are met.

NOMINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
NOMINATOR'S FULL NAME (please print): \_\_\_\_\_  
NOMINATOR ADDRESS: \_\_\_\_\_  
Unit Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
NOMINATOR Cell Phone: \_\_\_\_\_ NOMINATOR EMAIL: \_\_\_\_\_

**SEND THIS COMPLETED FORM AND LEGIBLE COPY OF NOMINEE DISCHARGE DOCUMENTS (See above)**

**VIA U.S. MAIL TO:**

**Unified Arizona Veterans, P. O. Box 34338, Phoenix, AZ 85067**

**MUST BE POSTMARKED NO LATER THAN MARCH 31<sup>st</sup>**

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UAV Form 1, Updated Nov 2024

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