

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 31st

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UAV Form 1, Updated Nov 2024

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