

Minister *of*
Veterans Affairs Commendation 

Since serving in uniform, many of Canada's Veterans continue to provide outstanding service to their country, their communities and their fellow Veterans. To formally recognize the contributions of these outstanding Canadians, the Governor General authorized the creation of the Minister of Veterans Affairs Commendation.

The Commendation is awarded annually to individuals who have contributed in an exemplary manner to the care and well-being of Veterans or to the remembrance of the contributions, sacrifices and achievements of Veterans.

The Commendation is intended primarily for Veterans, but may be awarded to non-Veterans.

You may nominate an individual for the Minister of Veterans Affairs Commendation using the nomination form in this brochure. This form is also available at all Veterans Affairs Canada district and regional offices and on-line at **www.vac-acc.gc.ca**.

The Minister of Veterans Affairs Commendation Selection Committee reviews the nominations annually. Veterans Affairs Canada then notifies the successful candidates. The number of Commendations awarded each year is limited and not everyone nominated is selected.

Please complete the nomination form and return it to:

Minister of Veterans Affairs Commendation
Selection Committee
Veterans Affairs Canada
66 Slater Street
Ottawa ON K1A 0P4

Nomination Form

The nomination form must be accompanied by a one-page summary explaining why the candidate is deserving of the Minister of Veterans Affairs Commendation. To avoid disappointment and to respect the privacy of the people involved, we keep nominations confidential. We ask that nominators and others involved do the same.

Candidate:			
Mr./Mrs./Ms./Miss Full name			
Address			
City		Province	Postal code
Preferred language		Veteran status:	
Telephone #		<input type="checkbox"/> Second World War <input type="checkbox"/> Korean War <input type="checkbox"/> Canadian Forces	
		<input type="checkbox"/> Civilian <input type="checkbox"/> Other _____	

Nomination submitted by:			
Mr./Mrs./Ms./Miss Full name			
Address			Telephone #
City		Province	Postal code
E-mail address			
Signature			Date
Reference:			
Mr./Mrs./Ms./Miss Full name			
Address			Telephone #
City		Province	Postal code

This publication is available upon request in other formats.

Reprinted February 2008

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Cat. No.: V32-99/2002

ISBN: 0-662-66379-9

Printed in Canada