

**GEORGE L. HANNA  
Memorial Awards for Bravery  
NOMINATION FORM**

Chief:

Telephone #:

Department:

Address:

**NOMINEE/S:**

*First, MI, Last Name and Town in which Nominee/s currently resides*

**INCIDENT**

Date:

Time:

**AWARD LEVEL SUGGESTED (see criteria)**

**Please select one of the following:**

Medal of Honor

Medal of Honor - Group Award

Medal of Valor

Medal of Valor - Group Award

**DESCRIPTION**

*Please include the following elements into your narrative:  
Conditions of circumstances, extent of personal risk, victim risk, assistance, and outcome.*

**DESCRIPTION (Continued)**