

APPLICATION FOR HERO'S AWARD – NEBRASKA FUNERAL DIRECTOR'S ASSOCIATION

Name of Nominee: _____

Address of Nominee: _____

Guardian of Parent's Name if nominee is a child: _____

Date of Incident: _____ Time of Incident: _____

Where Incident Occurred: _____

Please Describe Incident in Full Detail: _____

Victim's Name and Address: _____

Was a Life Saved in this Accident, if so Please Describe: _____

Was the Person Trained and Certified in Life Saving Techniques and Working in the Line of Duty?: _____

Please List Witness's if Available (Names and Address's): _____

Name of Person Making Nomination: _____

Address: _____ Telephone: _____

Occupation: _____

List Your Reason's for Recommendation: _____

Please enclose pictures and newspaper clippings if available. Return Application to:

**Nebraska Funeral Directors Association
521 First Street, PO Box 10, Milford, NE 68405
Call or Email with any questions: 402-761-2217 or staff@nefda.org**
