

**APPLICATION FOR HERO'S AWARD**  
**NEBRASKA FUNERAL DIRECTORS 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 if Available (Name and Address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Person Making Nomination: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

List Your Reasons for Recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Nebraska Funeral Directors Association**  
**6201 S. 58<sup>th</sup> St., Suite B, Lincoln, NE 68516**  
**Call or Email with any questions: 402-423-8900 or [staff@nefda.org](mailto:staff@nefda.org)**

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