

Nominee Information

Please provide information about the senior you wish to nominate.

Mr. Mrs. Ms. Miss Other Title _____

Name _____

Mailing Address _____

_____ Postal Code _____

Community of Residence _____

Telephone _____ E-mail _____

Date of Birth _____

I consent to stand for nomination and to participate in the Seniors of Distinction Awards. My name, photo and any personal information contained in this nomination form and supporting documentation may be used in any internal and external communication that will showcase the nominees and/or recipients of the award. I understand that my telephone number, postal and e-mail addresses will not be disclosed in any such communication.

I also confirm that the information and supporting documentation contained in this nomination package are correct to the best of my knowledge, information and belief.

Nominee's Signature _____ Date _____

Note: If the nominee is deceased, please contact the Seniors and Aging Division for a special consent form.

